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# A NATIONAL SURVEY OF GERONTOLOGY INSTRUCTION IN AMERICAN INSTITUTIONS OF HIGHER EDUCATION

The Association for Gerontology
in Higher Education
and
The University of Southern California

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# A NATIONAL SURVEY OF GERONTOLOGY INSTRUCTION IN AMERICAN INSTITUTIONS OF HIGHER EDUCATION

Association for Gerontology in Higher Education

and

The University of Southern California

March 1987

David A. Peterson, University of Southern California
Elizabeth Douglass, Association for Gerontology in Higher Education
Christopher R. Bolton, University of Oregon
Richard Connelly, University of Utah
David Bergstone, University of Southern California

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# NATIONAL SURVEY OF GERONTOLOGY INSTRUCTION

# IN AMERICAN INSTITUTIONS OF HIGHER EDUCATION

Association for Gerontology in Higher Education/
University of Southern California

## Executive Summary

The Association for Gerontology in Higher Education in cooperation with faculty at the Universities of Southern California, Oregon, and Utah has undertaken a national project titled Enhancing the Quality of Gerontology Instruction. Its purpose was to measure the extent and character of gerontology instruction in American institutions of higher education. Funded by the U.S. Administration on Aging, questionnaires were mailed to each of the 3,019 college campuses in this country to determine how many regularly taught credit courses in gerontology. Those campuses which offered at least four gerontology credit courses were further surveyed to explore further their curriculum, organizational structure, faculty preparation, and funding. These data provide a basic understanding of the state of gerontology instruction today.

Of the 2,220 campuses from which responses were received, 1,155 (52%) were currently engaged in gerontology instruction. The range in the number of credit courses offered was from one to 100; the mean number of courses per campus was 5.24 with 85% of the campuses offering 1 to 6 courses, but seven indicating more than 50 annually.

Over 84% of the large campuses (10,000 or more students) offered gerontology instruction while only 47% of small campuses (less than 2,500 students) did. Likewise, large campuses offered a higher number of courses, an average of 11.33 courses while small campuses offered a mean of 2.69 courses.

Campuses of public institutions were somewhat more likely to offer gerontology credit instruction (56%) than were campuses of private institutions (43%).

The percentage of campuses which offered gerontology courses increased from the two year, to the four year, graduate, and Ph.D. granting campuses.

Ninety-nine of the campuses (10%) taught their first gerontology course before 1971. Twenty-three percent began between 1971 and 1975; 40% between 1976 and 1980; 23% between 1981 and 1985; and two percent were scheduled to start in the near future.

Campuses responding to the survey indicated that approximately 335,000 unduplicated students had completed credit courses in gerontology and over 200,000 had completed non-credit workshops and seminars.

Since 1976, the most dramatic growth in the gerontology faculty has occurred in the health professions, most of whom are based in medical centers.

Only forty-four percent of the responding faculty who are teaching in aging have completed any formal instruction in gerontology/geriatrics as part of their academic preparation.

A total of 412 aging programs were reported to be housed in a gerontology academic unit--a center, department, institute, or committee that was responsible for the coordination of gerontology instruction on the campus.

The most common organizational title, a program, was reported by 108 (41%) of the respondents while the title center was reported by 45 (17%) of the respondents.

A total of 106 (38%) of the gerontology academic units were free-standing while as many as 141 (51%) were located within another department.

Thirteen percent of the gerontology programs only had the authority to offer credit courses. While 19 (4%) were limited to coordinating courses of other departments. A total of 345 (84%) did have a credential which was administered by the gerontology program.

Eighty-four (20%) of the programs had the authority to provide tenure to their faculty while the vast majority did not have this prerogative but relied on the tenure process being carried out within another department or school.

Gerontology instructional units had relatively limited budgetary control and 51% had annual budgets of less than $50,000.

Over half of the support for the average program came from institutional sources, with federal support comprising 10% of the budget.

Approximately half of the programs of instruction culminated in the award of a credential; the most widely offered was the certificate (195) with the degree in gerontology being the second most common (67).

Degrees in gerontology were primarily found at the bachelor's and master's level while the minor, major, and concentration were most frequently offered at the bachelor's

level.

Both certificate and degree programs at all three levels required substantial amounts of field work.

Regardless of the name or level of the credential, 80% were reported to have an occupational orientation, that is, they were offered as a means of preparing the graduate for employment.

The most widely required course content was Social Gerontology, which was required by 51% of the programs. Psychology of Aging (50%) was second with Biology of Aging (42%), and Sociology of Aging (41%) following.

The annual number of graduates from gerontology certificate and degree programs showed a consistent increase over the past five years, but the number of graduates is relatively small.

Twice as many students are currently enrolled in gerontology courses as have been graduating annually. The respondents predict continued growth in the number of full and part-time students who will enroll in the future.

The total number of graduates was 1,402 in 1981, and that number increased to 3,096 in 1985 (Table 26). These data show a consistent increase in the annual number of gerontology program graduates, but they also indicate that a relatively small number of graduates are being produced.

Of 2,220 responding campuses, only 123 (6%) had ever received AoA training grant support. Larger campuses and those which offered higher degrees were the most likely to have received this financial aid, although the percentage of doctoral offering campuses receiving AoA support only reached 16%.

Eighty-eight percent of responding campuses had never received AoA training support. Of campuses which had ever received AoA training support, 94% reported that they regularly offered gerontology credit courses.

# NATIONAL SURVEY OF GERONTOLOGY INSTRUCTION IN AMERICAN INSTITUTIONS OF HIGHER EDUCATION

Association for Gerontology in Higher Education/
University of Southern California

## 1. Previous Knowledge of Gerontology Instruction

Most gerontology instruction began after the passage of the Older Americans Act in 1965. Before that time there were individual courses offered in various colleges and universities, but very few organized programs of instruction. Some institutions such as the Universities of Michigan and Chicago had offered some community, continuing education programs for older people for several years, but no gerontology degrees or other credentials existed. If gerontology courses were offered at all, they were electives within one of the existing professions or disciplines.

Johnson (1980) has suggested that gerontology was conceived and born in academe and was developing in a manner similar to other disciplines or professions until 1965 when the popularization of the field adulterated its developmental process. The passage of the Older Americans Act as well as the increased recognition of the growing older population has led to attention being directed to political issues, social concerns, and government programs. The Administration on Aging (AoA) has provided funds to support the development and operation of gerontology career preparation programs in American institutions of higher education. Clark Tibbitts was the AoA staff member responsible for that area and encouraged the development of whole gerontology instructional programs, some of which led to separate degrees in gerontology, aging, or human development. The first of these degrees was offered at North Texas State University in 1967 with the University of South Florida creating a degree a year later. AoA funded primarily master's level instruction while including some curriculum support. Although this was not entirely successful because of the differing situations at the institutions involved, the degree programs that have been developed over the years have proven to be generally consistent (Peterson, 1984).

The awarding of grants by AOA was a substantial motivator for many educational institutions. Between 1966 and 1984, AoA has distributed nearly $80 million to 185 colleges, community colleges, and universities in addition to $15 million going to

28 educational consortia (Administration on Aging, undated). Although not all of these grants resulted in programs of instruction which continued after the completion of the grant period, many did and these programs comprise a substantial percentage of those in existence today.

AoA has continued to fund training programs over the past twenty years, but the emphasis has changed as new needs and initiatives were identified and reflected in the legislative amendments. For instance, in 1973, funds were devoted to training new staff of the nutrition programs, RSVP programs, and Area Agencies on Aging. In 1975, emphasis was placed on the development of institution-wide coordination, such as Centers and Institutes. At other points, priority was given to starting new programs in community colleges or undergraduate institutions. Later the developing health care crisis led to the funding of Long Term Care Gerontology Centers at several institutions.

Continuing funding of career training was also provided by the National Institute on Child Health and Human Development (NICHHD), National Institute on Aging (NIA), and the National Institute of Mental Health (NIMH). Many universities developed programs that acquired continuous funding, and a few became very visible, some conducting comprehensive training programs within one of the disciplines or professions, or as free standing degree programs.

Most of the training was initially done at the master's degree level, but bachelors and doctoral instruction also became popular. The most common approach was to create an organizational structure that was an institution-wide coordinating body, e.g. a committee or center which would facilitate instruction across the entire institution. This allowed for drawing upon the resources of the various departments and developing a multidisciplinary instructional focus.

The result was the development of several types of organizational structures, each with its own advantages and each being modified to fit the needs of the local institution. These included: intra-departmental programs, housed within a single discipline, most often psychology, sociology, or social work; a Committee on Aging, a cross-department group of faculty who coordinate and advocate for program of instruction; a Center on Aging, a cross-departmental structure that typically has a physical place, some staff and budget, as well as responsibility for coordinating gerontology instruction throughout the institution; and a Department or School of Gerontology, although there are fewer of these, those that exist have faculty lines, budget, offer their own courses, and occasionally gerontology degrees.

These various structures are important because of the

control that they give to the gerontology faculty. The Intra-departmental programs and Committees on Aging provide relatively little control over curriculum, students, and faculty thus taking the determination of quality out the hands of the gerontology faculty. On the other hand, Departments or Schools of Gerontology have a great deal more control over these variables and thus are better able to assure that quality is achieved.

The expansion of instructional programs led to the creation of a national organization of gerontology instructional programs in 1974. Again Clark Tibbitts of the Administration on Aging took the lead in bringing together representatives of various instructional programs to discuss issues and plan for future developments. These meetings resulted in the creation of the Association for Gerontology in Higher Education, an organization which currently has nearly 300 institutional members. It conducts an annual conference on instruction, publishes a newsletter, offers technical assistance to new and developing instructional programs, and conducts research on the extent and consistency of gerontology instruction.

Need for Increased Gerontology Instruction. Because of the lack of any on-going monitoring or counting of gerontology instructional programs, data have always been scarce that would provide insight into the growth or decline of gerontology instruction in institutions of higher education. One of the measures used was the number of proposals received by federal agencies, but in years when little new federal money was available, or when restrictive priorities were placed on the funds, the number of submissions may have had little relationship to interest. The upshot has been many unsubstantiated statements in the literature about the growth of gerontology instruction or lack of it. Another result was a large number of uncoordinated studies of one part of the field -- one profession, one state, one region, or one level of instruction -- which have not been integrated into a comprehensive statement of trends in gerontology instruction in American higher education.

As the older population has grown and the number of service programs has expanded, the folk wisdom has assumed that gerontology instruction has increased comparably. However, not every observer has shared this perception, and there has been some concern that gerontology instruction has not kept pace. A few examples should suffice. The first is from the National Institute on Aging:

> To meet the needs of the elderly population, almost all health professionals and allied workers will require knowledge and skills with respect to aging and the aged. However, today relatively few have had opportunities to enhance their capabilities in these fields. To reduce the

current gap and to ensure that future generations of health personnel have appropriate preparation is a critical and complex challenge (National Institute on Aging, 1984, p. 13).

Likewise, the President of the National Association of Social Workers (NASW) recently indicated that social workers as a group do not have a strong awareness of the aged in our society and called upon NASW and the Council on Social Work Education to exert "more leadership in order to assure that well-trained social workers [are] available to enter new and expanding markets" (Nelson and Schneider, 1984, p. 1). Similarly, the editor of Gerontology and Geriatrics Education recently indicated his perception that gerontology instruction was no longer developing. "I sense a lull in continued vigorous efforts to establish and maintain enlightened curricula in aging. There are notable exceptions. For all intents and purposes, however, there appears a silence which at times is deafening. Is this an inaccurate assessment? If not, where has everyone gone, and why?" (Levenson, 1983, p. 1). Has gerontology instruction in colleges and universities continued to grow over the past 20 years? What do we know about its current trends?

The only series of listings of gerontology instructional programs has been AGHE's National Directory of Educational Programs in Gerontology. The most recent edition, (Lobenstine, 1985), listed over two hundred fifty institutional members, most of which have formal programs of instruction, sensitizing students to age-related change or preparing them to enter professional employment. At the present time, AGHE membership is nearly 300 providing an indication that at least this many programs exist. Craig (1982) made a similar estimation (250 to 300 programs) by compiling a list of projects funded by AoA, National Institute of Mental Health (NIMH), National Institute on Aging (NIA), and Health Resources and Services Administration (HRSA). He found, however, that only half the AGHE members were on his list.

The recent NIA Report on Education and Training in Geriatrics and Gerontology reviewed the data on gerontology instruction nationally and drew the conclusion that growth in the number of programs has been very limited.

> While the precise number of institutions offering certificate and degree programs in aging is not known, it is estimated, on the basis of the membership of the Association of Gerontology in Higher Education, that the number approximates 100-125 institutions. In addition, about 100 other institutions offer course work in this area. Information from applications to the Administration on Aging suggests an even higher estimate might be appropriate (National Institute on Aging, 1984, p. 47).

Previous Studies of Gerontology Instruction. The estimate of 200 to 225 institutions offering course work in gerontology appeared to be exceedingly low, given previous studies. Over 40 studies have collected data by geographic region or have examined specific professions or content areas. Individually they provide a good deal of insight into aspects of the field, but collectively they do not result in a comprehensive understanding of the field. It can be inferred from these data that the number of colleges and universities offering gerontology instruction is growing and has done so over the past 20 years.

Several examples of this rapid growth can be extrapolated from these studies. In 1981, a survey of graduate schools of social work reached 64 of the 88 existing programs. It showed that course work in gerontology was available at 55 (86%) of the responding institutions (Nelson, 1983). In 1983 a survey of the same sample which resulted in a 100% response rate indicated that of 94 programs, 89 offered gerontology course work (95%) (Nelson and Schneider, 1984). The number of schools of social work offering graduate concentrations in gerontology increased from 23 in 1981 to 41 in 1983.

The American Personnel and Guidance Association reported that counselor education and counseling psychology departments offering course work in gerontology increased from 18 programs of the 304 responding in 1975 (6%) (Salisbury, 1975) to 114 (36%) of 314 respondents in 1981 (Myers, 1983).

Doctoral programs which include gerontology courses show similar growth. In 1977 a survey of doctoral psychology programs showed that 67 of the 238 respondents (28%) offered course work in aging (Storandt, 1977) while the number had grown to 140 of 303 respondents (46%) by 1985 (American Psychological Association, 1985).

Medical schools have also recently reacted to the need for increased instruction in geriatrics and gerontology. In 1980, approximately two-thirds of American medical schools offered instruction in geriatrics, and of these, one-half had been initiated since 1979 (Robbins, Vivell, and Beck, 1982). By 1983, about 90% of the 100 responding medical schools indicated some activities in geriatric education (National Institute on Aging, 1984).

The number of dentistry schools that included some geriatric dentistry in the curriculum increased from 56% in 1974 to 100% in 1979 (Ettinger, Beck, and Jakobsen, 1981) and remained at that level in 1984 (Hoshman, 1984). However, in 1979 the primary method of instruction was occasional, supplemental lectures with only 41% offering a series of lectures or a whole class on gerontology. By 1984, 58% of the 60 schools in the U.S. offered

courses in geriatric dentistry.

Likewise, a few studies are available which indicate changes in the number of institutions offering instruction in gerontology in various geographic regions. For instance, California institutions of higher education were surveyed in 1975 and of 127 respondents, 50 (39%) offered courses in aging (California Office on Aging, 1975). A 1981 survey which reached 263 colleges and universities reported 108 which offered courses in aging (41%) (California Council on Gerontology and Geriatrics, 1981).

Surveys of Michigan community colleges showed similar growth. In 1978 of 29 colleges, 11 (40%) offered courses in aging (Demko, 1978) while in 1981, 14 of the 29 (48%) offered such courses (Demko, 1981).

National surveys of all higher education institutions are very limited. Donahue (1960) in 1957 was able to identify 50 of the 2500 institutions of higher education in the U.S. as offering credit courses in gerontology. The Gerontological Society of America (1968) conducted the first national survey of gerontology instruction in 1967. Of the 1750 institutions surveyed, only 467 responded. Of these, 159 (34%) indicated that gerontology courses were currently being taught.

Nine years later, AGHE's first National Directory of Educational Programs in Gerontology (Sprouse, 1976) was generated from a survey mailed to 3,000 colleges and universities. Of 1276 responses, 607 institutions offered credit courses in gerontology (Bolton, Eden, Holcomb, & Sullivan, 1978). The data available from these surveys suggest that during the late 1970s and 1980s, there has been a large growth in the number of gerontology instructional programs.

## 2. AGHE's Approach to Increasing Knowledge

Although more than 40 studies have been undertaken to clarify the extent of gerontology instruction in higher education (see list in appendix), there has been no planned, on-going program of data collection and dissemination that would inform the field and guide future development. Many faculty and researchers have collected and reported data on this topic, but for the most part, their interests shifted after a short time or their involvement ended when grant funding concluded. Thus, the studies which have been done represent the interests of individual faculty or the needs of a funding agency at a particular point in time and do not result in a comprehensive approach to describing and directing the development of gerontology instruction.

AGHE has initiated a multi-year process that will encourage and coordinate data collection and analysis on gerontology instruction. Through a series of projects undertaken in cooperation with member institutions, AGHE will (1) formulate a research agenda on the areas which need exploration, (2) will assist in the seeking outside funding, (3) will develop and carry-out projects involving the collection of data, (4) will serve as a repository through the establishment of a data base, and (5) will generate and disseminate reports on specific aspects of the field. AGHE's acceptance of this on-going leadership can be expected to encourage faculty at member institutions to engage in data collection and analysis on the topic of gerontology instruction and to result in studies which have greater consistency and relationship to each other.

(1) Formulate a research agenda. No comprehensive research plan for description of gerontology instruction or manpower supply and demand for the field of aging has been developed, nor has any association or government agency seen fit to consider the data needs of the field today or in the future. A research agenda is needed which would identify areas where data exist, where they are deficient, and where the most urgent needs are. AGHE's Research Committee is currently working on the development of this agenda which will be shared with individual investigators and funding agencies in an attempt to influence the direction of future research projects, both those supported by government agencies and those undertaken by faculty members and students without external support.

(2) Assist in seeking outside funding. In order to encourage consistency in the design and instrumentation of research on gerontology instruction and manpower needs, AGHE will identify and cultivate public and private sources of financial support for these projects. Funds identified will be made known

to member institutions and increased access to funding support will result.

(3) Facilitate addressing the research agenda. Because AGHE is an organization of institutional members, it is appropriate for all facets of the research agenda to be implemented by member institutions rather than Association staff. Thus, faculty and students in member institutions are encouraged to co-sponsor funded and unfunded research with AGHE. This survey and two current manpower projects funded by the Administration on Aging are examples of this cooperative arrangement.

(4) Create and maintain a data base. Data from all research on gerontology instruction and manpower carried out by AGHE and by member schools in cooperation with AGHE will be maintained in a data base at the Association's Washington office. The structure and operation of this data base will be developed during the summer of 1987 by a faculty member participating in the Gerontological Society of America's Postdoctoral Fellowship Program in Applied Gerontology. Data from this project and others will be made available at cost to AGHE members and at a reasonable fee to others who wish to explore aspects of gerontology instruction and manpower.

(5) Generate reports. Although many reports on gerontology instruction and manpower exist, there is no consistent and comprehensive series built around a central theme. As a long term strategy to reverse this situation, the AGHE reports will be housed in one location, will have consistent definitions and approaches, and will provide a comprehensive view of gerontology instruction and manpower supply and demand. They will be an available source of information for policymakers, faculty, and administrators on the extent, character, and trends of the field.

Although most of the studies are still in the planning stage, two have already received funding and are underway. These include ascertaining the manpower supply and demand for employment in the field of aging (University of Southern California) and determining the employment experiences of graduates of gerontology instructional programs and the perceptions of employers of gerontologists (University of Utah).

### 3. National Survey of Gerontology Instruction

In order to initiate this data collection effort, AGHE in cooperation with faculty at the Universities of Southern California, Oregon, and Utah undertook a national project titled Enhancing the Quality of Gerontology Instruction. This first project laid the groundwork for future undertakings through a survey of the extent and character of gerontology instruction in American institutions of higher education. Funded by the U.S. Administration on Aging, the survey was designed to determine how many American institutions of higher education offered credit courses in gerontology. Those institutions which were found to regularly offer several gerontology courses were surveyed further to explore the consistency of curriculum, organizational structure, faculty preparation, and funding. These data provide a baseline against which future trends can be measured and a comprehensive description of current instruction which can be used to explore curricular guidelines in several content areas and at various levels.

Objectives. The objectives of this project were to:

- determine the extent and comparability of contemporary gerontology instruction in American institutions of higher education,
- analyze the data and determine trends and needs in gerontology instruction,
- prepare and disseminate information on curriculum, organizational structure, and faculty background that will expand the level of information regarding gerontology instruction, and
- establish and provide access to the data base so that students, faculty, government agencies, and interested others can obtain answers to frequently asked questions about gerontology instruction.

The data generated are to result in five separate but related products. The first is this comprehensive report of the extent and comparability of gerontology instruction. Second, a summary of the full report will be written and distributed to faculty in each of the programs that participated in the survey. Third, shorter reports will be written and disseminated on various aspects of the field such as instruction by state or region, by level of institution, or by academic department. One specific set of reports is being published in the AGHE Exchange and presents data on the topics of (1) extent of gerontology instruction, (2) organizational structures for gerontology programs, (3) current gerontology credentials, and (4) consistency of course work. Fourth, a National Directory of Educational Programs in Gerontology is to be compiled and

distributed by AGHE. This will be an update of the 1985 directory and will include information on every campus which responded to the survey. Fifth, an active data base is to be maintained in AGHE's Washington, D.C., office so that questions from students, faculty, and others can be answered quickly with current data.

Survey Design. The research plan called for the survey to be carried out in three stages. The first stage was to determine which campuses offered gerontology credit courses and if they were offered, how many. Thus, the first questionnaire was mailed to every campus in the United States. These questionnaires were reviewed when returned, and campuses which regularly offered at least four gerontology courses were included in the second stage of the project.

The second stage involved an attempt to acquire in-depth information on gerontology instruction within each department of the campus. Thus, questionnaires were sent to each academic unit that was identified on the first questionnaire as offering or coordinating gerontology credit courses. Data from the two questionnaires were combined in the analysis process in order to provide a more complete understanding of the instruction offered on any single campus.

The third stage involved a survey of approximately 30% of the faculty identified in stage two as regularly teaching gerontology courses. Questionnaires mailed to faculty asked about their gerontology preparation, the courses they taught, and their publishing record. This part of the study replicated a study by Bolton et al. (1978).

Sample. The first step was to determine the definition of an institution of higher education. It was decided that each campus would be considered to be a separate entity as is done in most higher education directories such as the HEP 85 Higher Education Directory. This meant for example, that each of the 19 campuses of the University of California system were dealt with separately even though they are part of a single university system. This decision allowed for data to be presented in terms of the gerontological activity on each campus rather than to combine data from several campuses and thus obscure the extent of instruction on each.

It was also decided that only accredited institutions of higher education would be included in the survey. This meant that some post-secondary institutions, such as proprietary schools and trade schools were not included. Few of these are likely to include gerontology instruction however. A listing of accredited institutions of higher education was acquired from the American Council on Education. Of these, a small number were no longer operating; the total number of campuses to which

questionnaires was sent was 3,019.

A portion of this universe was selected to receive the second, more detailed questionnaire. Campuses which regularly offered four or more credit courses in gerontology were included in this sample. Within each, every gerontology coordinating unit (program, center, committee, etc.) was sent a questionnaire. This resulted in a mailing of 1,163 questionnaires to faculty on 473 campuses for this second part of the survey.

One aspect of the second stage of the project was a request for the names of all faculty having any significant role in credit instruction in gerontology/geriatrics, whether that involvement was central or secondary to their principal teaching assignment. This request produced nearly 3,500 names. A systematic random sample of 996 faculty was drawn from the total pool for the faculty survey.

Questionnaire Construction. Three questionnaires were constructed for this project. The first, titled Gerontology Program Identification, was less than four pages in length and was designed primarily to determine the current extent of gerontology credit and non-credit courses, the year the instructional program was initiated, the type of campus, the existence of a "gerontology coordinating unit," and the names of coordinators of gerontology instruction. In addition, data on the size of the student body, highest degree offered, and institutional control (public/private) was obtained and coded from the HEP 85 Higher Education Directory (Higher Education Publications, 1985).

The first questionnaire was written during the spring of 1985 and was pilot tested on the 300 AGHE member institutions. Only minor revisions were made, and a copy of it is provided in the appendices to this report.

The second questionnaire was titled Description of Gerontology/Geriatrics Instruction; its purpose was to collect more detail on the type of gerontology instruction from those campuses which offered several gerontology courses. This questionnaire was 18 pages long and included questions which dealt with the size of the program, number of faculty, course content, budget, and program requirements. Since this was a complicated document, it received several reviews and revisions. Each of the investigators associated with this study examined it on several occasions, it was reviewed by the AGHE Executive Committee, and it was pilot tested with 50 institutions. A copy of this questionnaire is included in the appendices.

The questionnaire used in the third part of the project, the faculty questionnaire, was patterned after the one created by Bolton et al. (1978) for a similar survey. It was revised to

reflect insights gained in the previous study, was expanded to include new faculty interests, and was pretested on a number of faculty. A copy of the final instrument is included in the appendices.

Data Collection. Questionnaires were mailed to each campus. If any gerontology faculty member or administrator could be identified from the previous surveys, existing directories, or organization mailing lists, questionnaires were sent directly to that individual. Approximately 1,000 questionnaires were addressed to individuals known to be active in gerontology instruction. If no gerontology faculty member or administrator could be identified at the institution, the questionnaire was sent to the chief academic officer whose name was included on a mailing list purchased from the American Council of Education.

The first stage involved mailing questionnaires to approximately 2,500 campuses in early October of 1985. (As noted earlier, 300 AGHE member campuses had been previously surveyed, and 240 campuses had been surveyed by phone in the spring of 1985). A follow-up mailing to approximately 1,500 non-respondents was mailed in early December of 1985. Questionnaires were received throughout the early months of 1986. In May, a final follow-up mailing was sent to approximately 850 campuses from which no response had been received.

Of 3,019 campuses to which questionnaires were sent, responses were received from 2,220, or 73%. This is a reasonable response rate for a mailed survey and is significantly higher than the 40% which was achieved in the 1976 AGHE survey. However, there remained nearly 800 campuses from which no information was acquired.

In order to assure that the respondents were reasonably representative of the universe, a comparison of these two groups was undertaken (Table 1). When the size of the campus was used for comparison, the percentage of respondents in each category was very similar to that of the total universe. When highest degree offered was used for comparison, the universe and the respondents were distributed very similarly. When campuses were compared on their affiliation, the results were the same. Although public institutions were slightly more likely to respond than private campuses, the difference was only two percent. Thus, it was concluded that the respondents to this survey did represent the universe of higher education in the United States.

In order to learn something about the large group of non-respondents, a 10% random sample of these 800 campuses was selected for a telephone follow-up. Calls were made to 80

Table 1.
Comparison of Total Universe and Respondents: Campuses.

| | Total Universe | | First Survey Respondents | | Second Survey Sample | | Second Survey Respondents | |
|---|---|---|---|---|---|---|---|---|
| **Campus Enrollment** | | | | | | | | |
| 1 - 1,000 | 919 | 30.4% | 656 | 29.5% | 41 | 8.5% | 28 | 8.0% |
| 1,001 - 2,500 | 790 | 26.2% | 579 | 26.1% | 78 | 16.8% | 49 | 14.0% |
| 2,501 - 5,000 | 438 | 14.5% | 339 | 15.3% | 70 | 15.1% | 50 | 14.2% |
| 5,001 - 10,000 | 384 | 12.7% | 284 | 12.8% | 94 | 20.3% | 67 | 19.1% |
| 10,001 - 20,000 | 243 | 8.0% | 198 | 8.9% | 112 | 24.2% | 89 | 25.4% |
| 20,001 and up | 118 | 3.9% | 92 | 4.1% | 68 | 14.2% | 68 | 19.4% |
| Missing | 127 | 4.2% | 72 | 3.2% | 17 | 3.5% | 0 | |
| | N=3019 | | N=2220 | | N=480 | | N=351 | |
| **Highest Degree Offered** | | | | | | | | |
| Two Year | 1082 | 35.8% | 784 | 35.3% | 73 | 15.2% | 38 | 10.8% |
| Four Year | 654 | 21.7% | 477 | 21.5% | 47 | 9.8% | 37 | 10.5% |
| Master's/ Graduate | 736 | 24.4% | 566 | 25.5% | 162 | 33.7% | 116 | 33.4% |
| Doctorate | 458 | 15.2% | 346 | 15.6% | 182 | 37.9% | 147 | 41.9% |
| Missing | 89 | 0.1% | 47 | 2.1% | 16 | 3.3% | 12 | 3.4% |
| | N=3019 | | N=2220 | | N=480 | | N=351 | |
| **Affiliation** | | | | | | | | |
| Public | 1477 | 48.9% | 1125 | 50.7% | 315 | 65.6% | 226 | 64.4% |
| Private | 1457 | 48.3% | 1051 | 47.3% | 150 | 31.3% | 113 | 32.2% |
| Missing | 85 | 2.8% | 44 | 2.0% | 15 | 3.1% | 12 | 3.4% |
| | N=3019 | | N=2220 | | N=480 | | N=351 | |

schools to determine if any gerontology credit courses were offered. This provided some insight into the situation on these campuses and allowed for speculation on the total universe.

The second questionnaire was mailed to 1,163 individuals who were on 480 campuses which were reported to offer four or more credit courses in gerontology. Names and addresses were extracted from the responses to the first and second questionnaire where the respondent was asked to identify a faculty member or administrator who was responsible for coordinating gerontology instruction. The assumption was made that if two individuals were identified, they headed two separate instructional programs, so both were surveyed. In a number of cases, those receiving the questionnaire reported that there were not really multiple "programs of instruction" or "coordinating units." Thus, they only returned one questionnaire which reported on activities campus wide.

The second questionnaire was mailed in January of 1986 with a reminder postcard sent two weeks later. If no response was received within two months, a reminder letter was sent. In early May, another reminder letter and copy of the questionnaire was sent. A total of 919 (77%) of these were accounted for in the responses. Of these, 719 were units of instruction (units were determined to be those reporting programs or coordinating the aging-related activities on the campus, programs were defined as having a set of requirements offered at a particular level(s) and having an aging-related separate identity and not 'integrated' throughout a program). The remaining 200 reflected duplicate reports or programs that did not meet our criterion for inclusion. These programs of instruction were located on 367 campuses.

To assure that the respondents to the second questionnaire were comparable to the universe of campuses offering four or more gerontology credit courses, a comparison was made (Table 1). On the bases of campus enrollment, highest degree offered, and affiliation, the percentage of respondents in each category was very similar for the universe and the respondents.

The third (faculty) questionnaire was sent to a sample of faculty on the various campuses. After the names of faculty had been randomly chosen, packets of questionnaires were mailed to the gerontology administrator on the campus with the request that they be distributed to individual faculty through campus mail. This procedure worked effectively in many cases, but in others the questionnaires appear not to have been distributed since none was returned. The total response rate for the faculty questionnaire was nearly 44%. The response pattern suggests that, when assessing response rates by institutional types (and institutional type was the basis for sample stratification), there was no discernable pattern of systematic bias for non-

respondents. The responses by institutional type were:

Table 2
Comparison of Sample and Respondents: Faculty

| | Sample | Respondents |
|---|---|---|
| Junior/Community College | 4% | 4% |
| College (4 year - principally undergraduate) | 9% | 13% |
| University (includes all types) | 66% | 65% |
| Medical Center (semi-independent and independent) | 20% | 18% |

Coding and Analysis. Questionnaires were coded and entered on a microcomputer through the use of the dBase III program. This approach was used so that the data would be most accessible in the future as a data base on gerontology instruction. The data were subsequently transferred to the USC mainframe computer and SPSS-X was used to generate tabulations and tables.

Research Questions. The data which have been collected are reported in the following sections. They deal with eight separate research questions, each of which is basically descriptive in nature. They are:

What is the extent of current gerontology instruction?
How many students are selecting gerontology courses and programs?
What kinds of faculty are teaching gerontology?
What are the organizational structures which have been developed?
What are the requirements for various gerontology credentials?
What courses are required in various instructional programs?
What ancillary services and activities do gerontology instructional programs engage in?
How has AoA support influenced the development of gerontology instructional programs?
How would a typical program be characterized?

4. Extent of Current Gerontology Instruction

Of the 2,220 campuses from which responses were received, 1,155 were currently engaged in gerontology instruction. The criterion used to categorize campuses as offering or not offering gerontology instruction was the regular teaching of at least one gerontology credit course. This criterion does not signify a very high level of gerontology activity, but it does indicate whether aging content is regularly taught as a separate area of study. Using this criterion, approximately 52% of the responding campuses offered gerontology instruction.

Gerontology instruction varied significantly by campus size. Campuses with less than a total of 2,500 students were considered to be "small," those with 2,501 to 5,000 were "medium," 5,001 to 10,000 were "medium-large," and those over 10,000 were "large." Small campuses were the least likely to offer gerontology courses; they comprised 55% of the respondents but only 44% of those which offered gerontology courses. Sixty-eight percent of the campuses which did not offer gerontology courses were small (Table 3). Similarly, 57% of the responses were from campuses offering the associate or bachelor's degree as their highest credential, but only 44% of the campuses offering gerontology courses had these as the highest degrees.

Large campuses were much more likely to offer gerontology credit courses than were small campuses. As Table 4 indicates, over 84% of the large campuses offered gerontology instruction while only 47% of small campuses did. Graph 1 shows clearly that the very largest campuses were more likely to offer gerontology credit courses (85%) than very smallest campuses (34%), but that the total number of campuses decreased as the size increased. Thus, there are many more small campuses, but they are less likely to offer gerontology instruction.

The range in the number of credit courses offered was from one to 100; the mean number of courses per campus was 5.24 with 85% of the campuses offering 1 to 6 courses, but seven indicating more than 50 annually. Large campuses offered a higher number of courses; Table 5 shows that large campuses offered a mean of 11.33 courses while small campuses offered a mean of 2.69 courses. As would be expected, the number of students and faculty was also higher on larger campuses.

Few campuses offered non-credit instruction, such as workshops, conferences, or occasional seminars. A total of 311 campuses (about 17% of those responding to that question) offered any non-credit instruction. Again, campus size was directly related to the existence of these offerings as Table 4 shows. Larger campuses were more likely to offer non-credit instruction as were those which offered credit courses in gerontology. Since

Table 3.
Total Universe and Respondents: Gerontology Credit Courses Offered.

| | Total Universe | | First Survey Respondents | | Offers Gerontology Credit Courses | | | |
|---|---|---|---|---|---|---|---|---|
| Campus Enrollment | | | | | Offered | | Not Offered | |
| 1 - 1,000 | 919 | 30.4% | 656 | 29.5% | 219 | 19.0% | 434 | 41.1% |
| 1,001 - 2,500 | 790 | 26.2% | 579 | 26.1% | 292 | 25.3% | 286 | 27.1% |
| 2,501 - 5,000 | 438 | 14.5% | 339 | 15.3% | 197 | 17.1% | 140 | 13.3% |
| 5,001 - 10,000 | 384 | 12.7% | 284 | 12.8% | 185 | 16.0% | 98 | 9.3% |
| 10,001 - 20,000 | 243 | 8.0% | 198 | 8.9% | 157 | 13.6% | 40 | 3.8% |
| 20,001 and up | 118 | 3.9% | 92 | 4.1% | 78 | 6.8% | 13 | 1.2% |
| Missing | 127 | 4.2% | 72 | 3.2% | 28 | 2.5% | 44 | 4.2% |
| | N=3019 | | N=2220 | | N=1155 | | N=1055 | |
| Highest Degree Offered | | | | | | | | |
| Two Year | 1082 | 35.8% | 784 | 35.3% | 288 | 24.9% | 492 | 46.6% |
| Four Year | 654 | 21.7% | 477 | 21.5% | 220 | 19.0% | 256 | 24.3% |
| Master's/ Graduate | 736 | 24.4% | 566 | 25.5% | 349 | 30.2% | 214 | 20.3% |
| Doctorate | 458 | 15.2% | 346 | 15.6% | 276 | 23.9% | 69 | 6.5% |
| Missing | 89 | 2.9% | 47 | 2.1% | 22 | 1.9% | 24 | 2.3% |
| | N=3019 | | N=2220 | | N=1155 | | N=1055 | |
| Affiliation | | | | | | | | |
| Public | 1477 | 48.9% | 1125 | 51.0% | 629 | 55.6% | 478 | 46.1% |
| Private | 1457 | 48.3% | 1051 | 46.9% | 482 | 42.6% | 537 | 51.7% |
| Missing | 85 | 2.8% | 44 | 2.1% | 21 | 1.9% | 23 | 2.2% |
| | N=3019 | | N=2220 | | N=1132 | | N=1038 | |

Table 4.
Gerontology Instruction by Campus Enrollment.

| Gerontology Credit and/or Non-credit Instruction | Enrollment 1 to 2500 | 2500 to 5000 | 5001 to 10,000 | over 10,000 | |
|---|---|---|---|---|---|
| Offers Both | 86<br>8.4% | 44<br>14.6% | 49<br>19.2% | 84<br>31.5% | 263<br>14.2% |
| Offers Credit Only | 392<br>38.3% | 145<br>48.2% | 128<br>50.2% | 141<br>52.8% | 806<br>43.7% |
| Offers Non-Credit Only | 21<br>2.1% | 9<br>3.0% | 8<br>3.1% | 10<br>3.7% | 48<br>2.6% |
| Does Not Offer Either | 524<br>51.2% | 103<br>34.2% | 70<br>27.5% | 32<br>12.0% | 729<br>39.5% |
| | 1023<br>100% | 301<br>100% | 255<br>100% | 267<br>100% | 1846<br>100% |

## Graph 1

### Gerontology Credit Instruction by Campus Enrollment

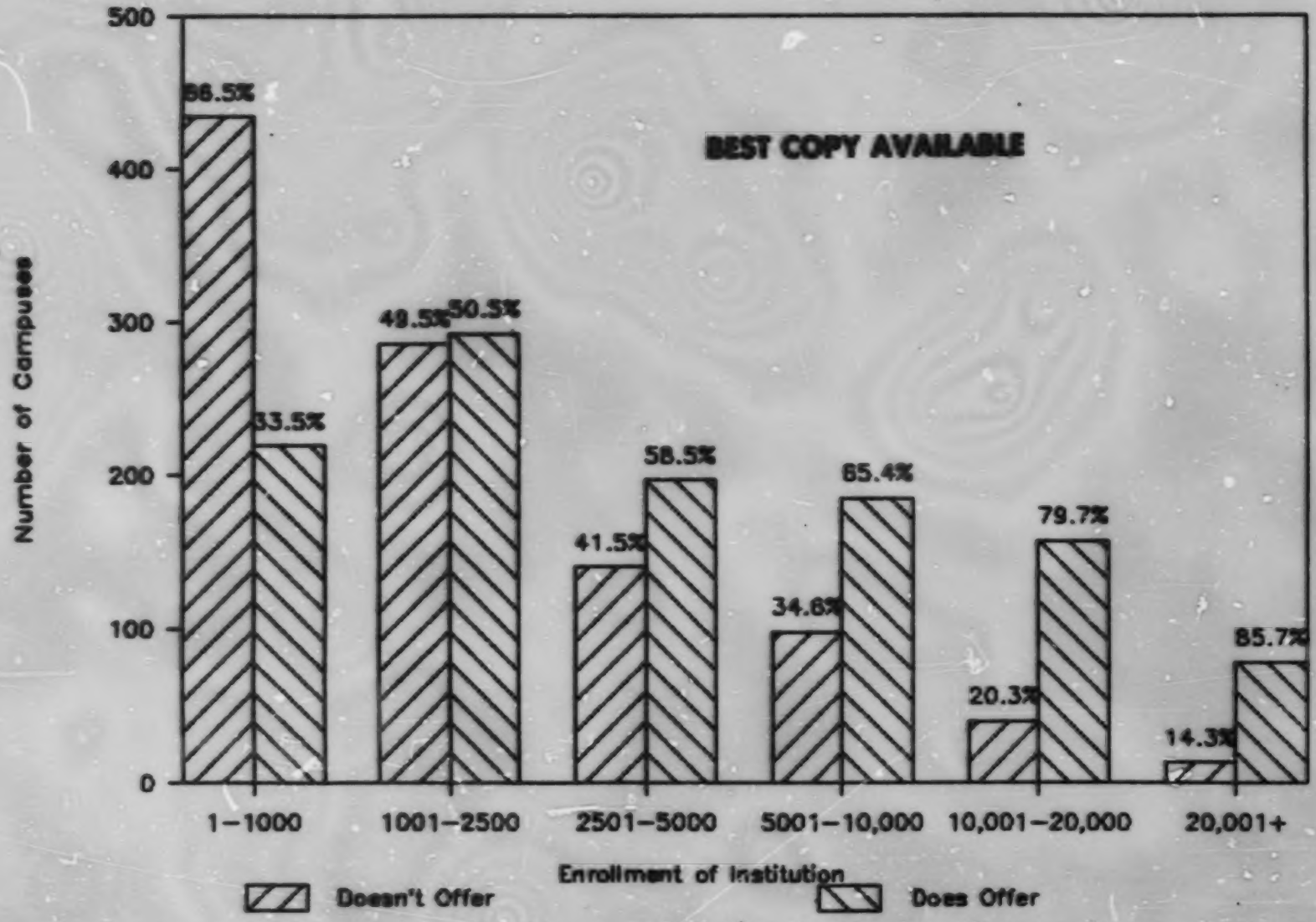


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Table 5.
Mean Number of Gerontology Credit Courses by Campus Enrollment.

| Enrollment | Number of Courses Mean | Cases |
|---|---|---|
| 1 to 2,500 | 2.69 | 479 |
| 2,501 to 5,000 | 4.43 | 188 |
| 5,001 to 10,000 | 5.62 | 179 |
| 10,001 and over | 11.33 | 214 |
| Entire Population | 5.24 | 1060 |

so few campuses offered non-credit courses, and since most offered credit courses at the same time, the data included in the rest of this report will deal exclusively with credit instruction.

Campuses of public institutions were somewhat more likely to offer gerontology credit instruction than campuses of private institutions. Fifty-six percent of public campuses did while 43% of private campuses offered gerontology instruction (Table 3). Public institutions on average had a larger number of students so the existence of gerontology instruction may be more closely related to the size of the campus than to its public or private control.

Campuses which awarded higher degrees were also more likely to offer gerontology credit courses. As Table 6 indicates, the percentage of campuses which had gerontology courses increased through the associate, bachelor's, graduate, and Ph.D. granting campuses.

Geographic Distribution. Gerontology instruction was not evenly distributed on a geographic basis any more than it was on an institutional basis. In some states, most of the campuses offered gerontology instruction while in others relatively few of the campuses have developed this offering. As Table 7 shows, more than two-thirds of all responding campuses in the District of Columbia, Virginia, Rhode Island, Utah, Connecticut, and Indiana offered gerontology instruction. On the other hand, less than one third of the responding campuses in Wyoming, Alaska, Vermont, Hawaii, Puerto Rico, and New Hampshire offered

Table 6.
Highest Degree Awarded by
Offering of Credit Instruction in Gerontology.

| Highest Degree Awarded | Gerontology Credit Courses: Offered | Not Offered | |
|---|---|---|---|
| Associate | 288<br>36.9% | 492<br>63.1% | 780<br>100% |
| Bachelors | 220<br>46.2% | 256<br>53.8% | 476<br>100% |
| Graduate/ Less than a Ph.D. | 349<br>62.0% | 214<br>38.0% | 563<br>100% |
| Ph.D. | 276<br>80.0% | 69<br>20.0% | 345<br>100% |
| | 1155<br>52.3% | 1055<br>47.7% | 2210<br>100% |

Table 7.
Campuses Offering Gerontology Credit Instruction by State.

| High Percent State | Gerontology Credit Courses Offered | Not Offered | | Low Percent State | Gerontology Credit Courses Offered | Not Offered | |
|---|---|---|---|---|---|---|---|
| District of Columbia | 7<br>77.8% | 2<br>22.2% | 9<br>100% | Wyoming | 1<br>16.7% | 5<br>83.3% | 6<br>100% |
| Virginia | 37<br>72.5% | 14<br>27.5% | 51<br>100% | Alaska | 2<br>25.0% | 6<br>75.0% | 8<br>100% |
| Rhode Island | 5<br>71.4% | 2<br>28.6% | 7<br>100% | Vermont | 3<br>27.3% | 8<br>72.7% | 11<br>100% |
| Utah | 5<br>71.4% | 2<br>28.6% | 7<br>100% | Hawaii | 3<br>33.3% | 6<br>66.7% | 9<br>100% |
| Connecticut | 19<br>70.4% | 8<br>29.6% | 27<br>100% | Puerto Rico | 7<br>33.3% | 14<br>66.7% | 21<br>100% |
| Indiana | 32<br>66.7% | 16<br>33.3% | 48<br>100% | New Hampshire | 6<br>35.3% | 11<br>64.7% | 17<br>100% |

gerontology instruction. The percentage of responding campuses which have gerontology courses in each state is shown in Map 1.

Similar findings are indicated for the distribution of gerontology instruction by region (see Table 8). In federal regions 5 and 6 there were more campuses which offered gerontology instruction than in other regions. Regions 3 and 4 had the highest percentage of campuses offering gerontology instruction. However, the range in the percentage of campuses offering courses was only from 45% to 60%, so great differences across the 10 regions were not evident.

The distribution of campuses offering gerontology courses does not change much if a different criterion is used. For instance, if it is decided that four credit courses in gerontology must be offered in order to have a "gerontology program," then the findings do not change significantly with respect to geographic distribution.

Length of Time Gerontology Instruction Has Been Available. As the literature review indicated, some gerontology instruction was started before 1970, but most campuses offered their first course in the past ten years. Ninety-nine of the campuses (10%) taught their first gerontology course before 1971. Twenty-four percent began between 1971 and 1975; 41% between 1976 and 1980; 23% between 1981 and 1985; and two percent were scheduled to start in the near future.

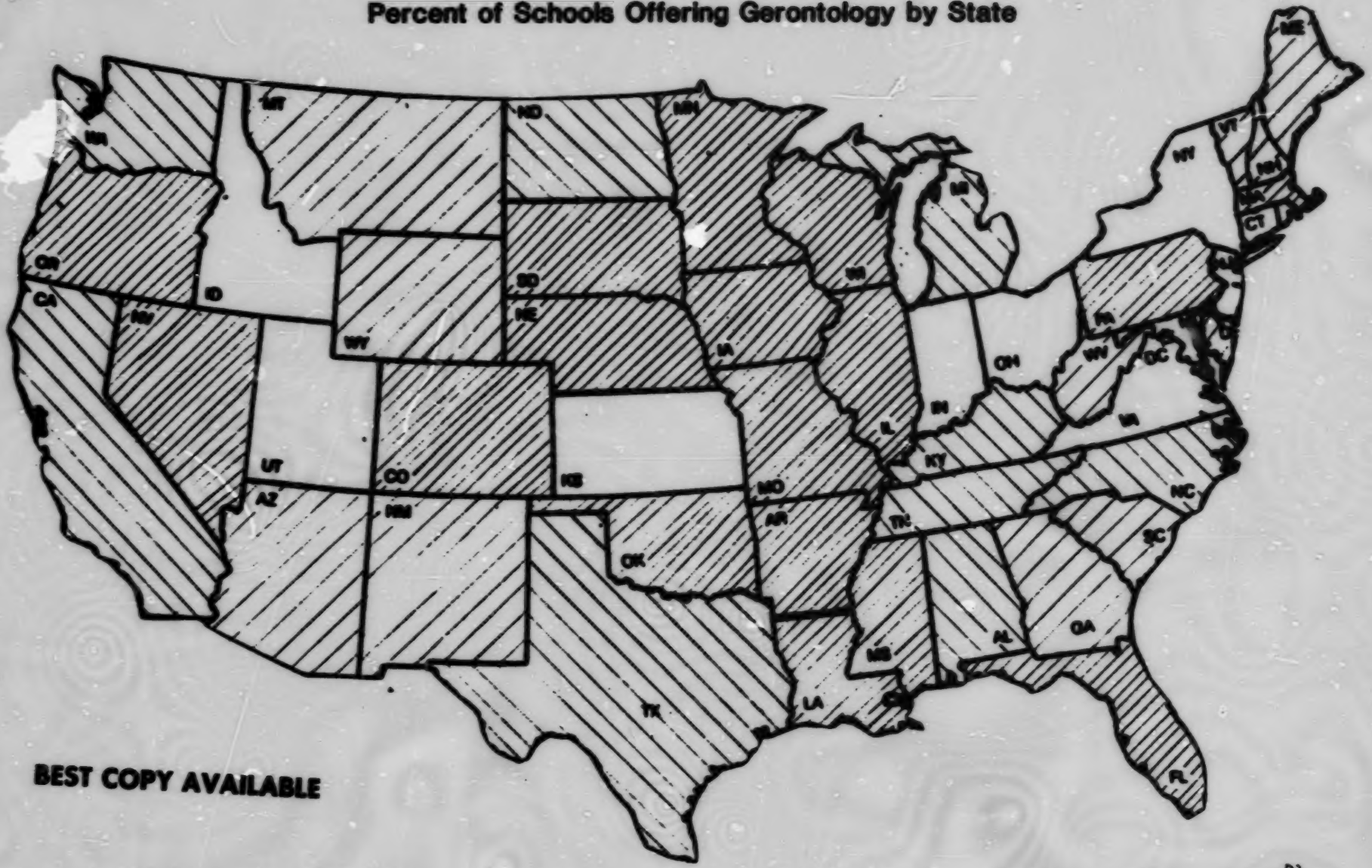
Larger campuses were more likely to have begun offering gerontology courses early and typically offered more courses than smaller campuses and those which have recently begun gerontology instruction (Graph 2). Fifty percent of large campuses began before 1975 while only 20% of small campuses did. Graph 3 indicates that those campuses that began before 1971 currently offered a mean of 9.1 credit courses while those that started between 1981 and 1985 offered a mean of 2.8 courses.

Conclusions. Gerontology instruction in American institutions of higher education has continued to grow over the past thirty years, both in the number of campuses offering credit courses and the number of offerings per campus. The number of campuses offering gerontology instruction has increased from 57 in 1957 (Donahue, 1960), to 15[illegible] in 1967 (Gerontological Society, 1968), to 607 in 1976 (Bolton et al., 1978) to the 1,155 identified in this study (Graph 4).

With the previous reports, there has been no indication of the situation at non-responding campuses, so there was no speculation on total gerontology instruction. The current study included a telephone survey of a 10% sample of the 799 non-respondents. It found that 17 of the 80 campuses contacted (21%) did offer gerontology instruction. This led to the speculation

## Map 1

### Percent of Schools Offering Gerontology by State

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0 - 39%

40 - 49%

50 - 59%

60% and up



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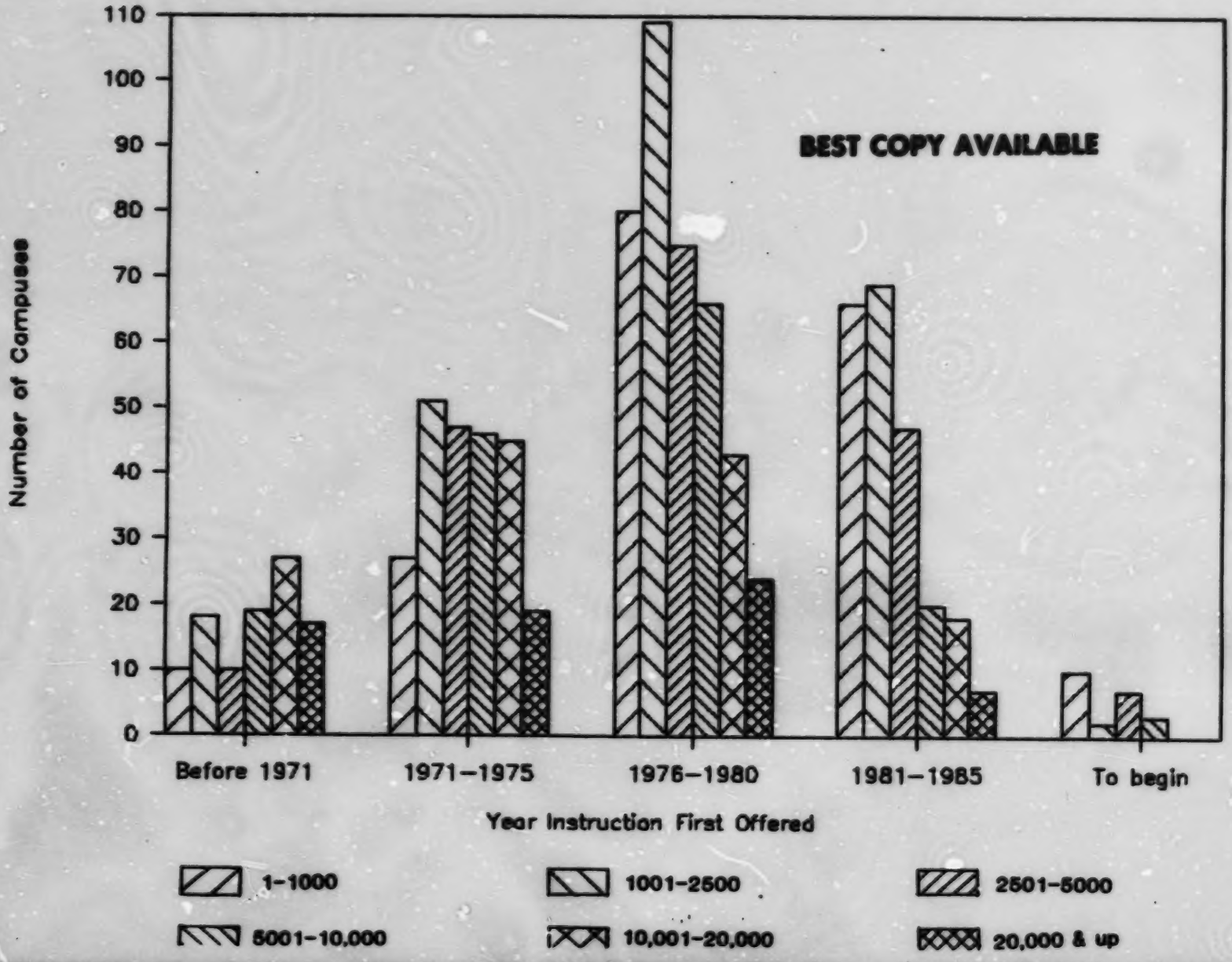
Table 8.
Department of Health and Human Services Region by Offering of Credit Instruction in Gerontology.

| Region | Gerontology Credit Courses: Offered | Not Offered | |
|---|---|---|---|
| Region 1 | 44<br>44.9% | 54<br>55.1% | 98<br>100% |
| Region 2 | 84<br>51.5% | 79<br>48.5% | 163<br>100% |
| Region 3 | 132<br>58.1% | 95<br>41.9% | 227<br>100% |
| Region 4 | 157<br>59.7% | 106<br>40.3% | 263<br>100% |
| Region 5 | 173<br>45.2% | 210<br>54.8% | 383<br>100% |
| Region 6 | 229<br>56.5% | 176<br>43.5% | 405<br>100% |
| Region 7 | 94<br>47.7% | 103<br>52.3% | 197<br>100% |
| Region 8 | 100<br>56.5% | 77<br>43.5% | 177<br>100% |
| Region 9 | 35<br>49.3% | 36<br>50.7% | 71<br>100% |
| Region 10 | 107<br>47.3% | 119<br>52.7% | 218<br>100% |
| | 1155<br>52.0% | 1055<br>48.0% | 2210<br>100% |

## Graph 2

### Year Gerontology Courses First Offered by Campus Enrollment



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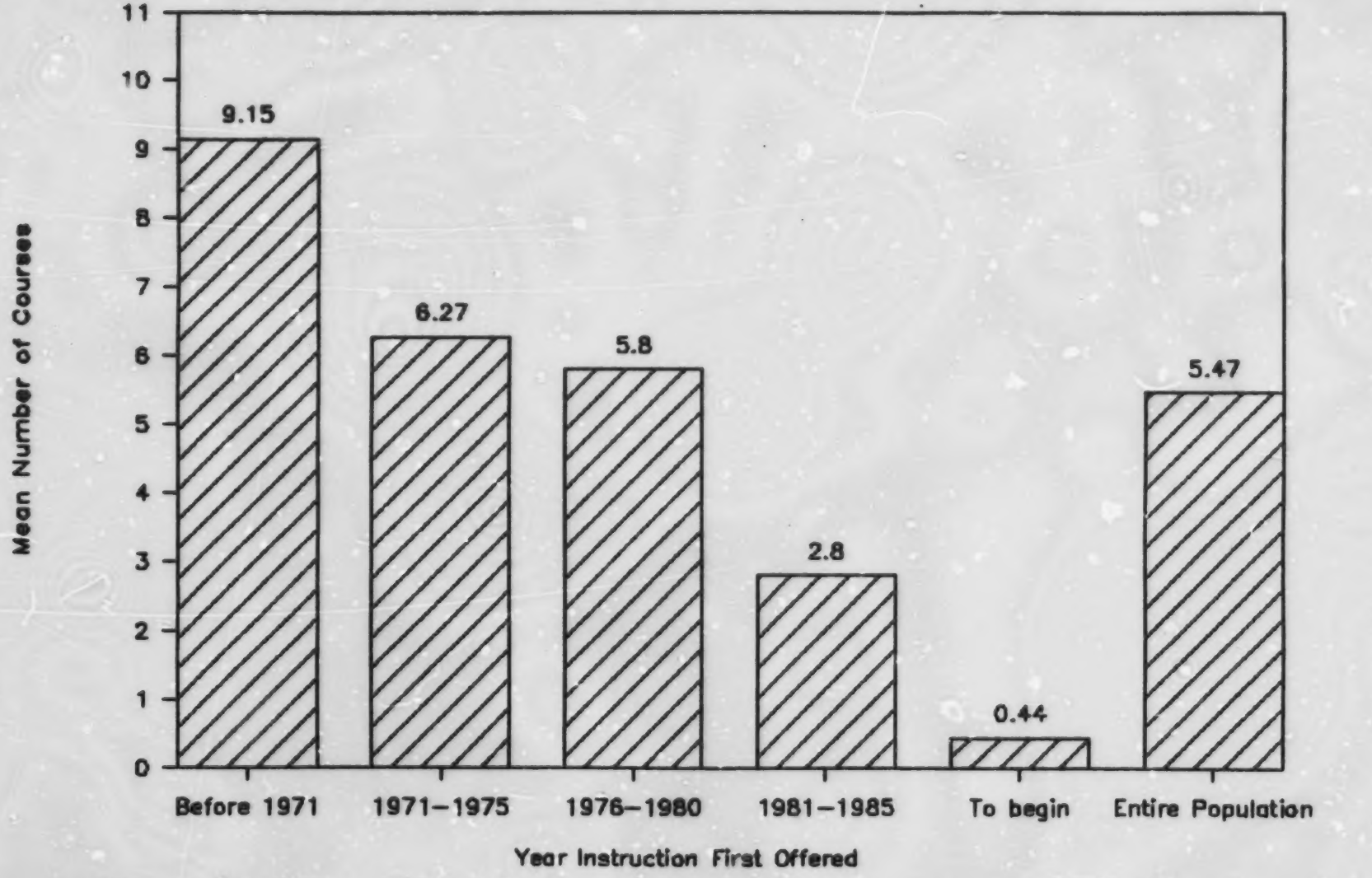
## Graph 3

## Mean Number of Gerontology Courses by Year First Offered Gerontology Instruction

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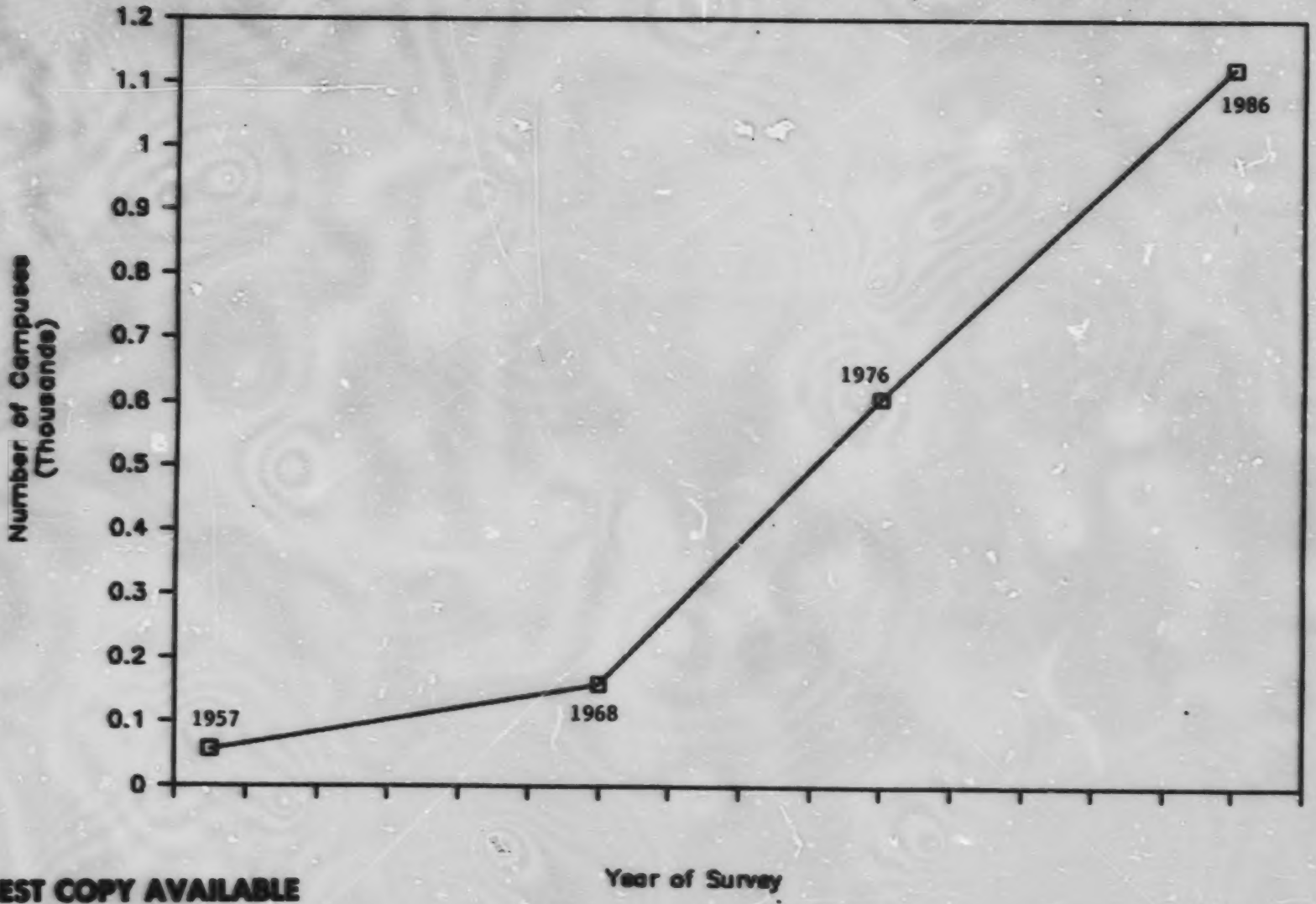
## Graph 4

## Campuses Offering Gerontology Instruction

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that an additional 169 campuses do conduct gerontology credit courses, so the total is probably close to 1325 campuses (44% of the universe) which regularly offer aging instruction.

Much of the recent growth has been rather invisible; that is, it has not been accompanied by large federal grants, national program announcements, or huge commitments of resources. It is this lack of visibility that Levenson (1983) observed, but visible or not, the growth has continued as a grass roots response to the aging of society and a recognition that gerontology is an important instructional area.

Growth has also occurred in the number of courses offered on each campus. Bolton et al. (1978) reported that the mean number of courses listed in the 1976 AGHE National Directory of Educational Programs in Gerontology was 3.24 for the 607 campuses offering gerontology instruction. The data reported here indicated a mean of 5.24 courses per campus, a substantial increase, especially when considering that the number of campuses offering gerontology instruction has nearly doubled. Since most of these campuses offering gerontology for the first time start with only one or two courses, it can be inferred that the mean number of courses has continued to increase on campuses with existing gerontology offerings in order to result in an increase in the total mean. That is, in calculating the mean, the one or two courses offered by newly involved campuses is more than offset by course growth on the campuses where gerontology has been offered for a longer time.

This growth, however, does not mean that all campuses currently offer gerontology instruction. Approximately one-half of the responding institutions do. These were typically campuses that had a larger number of students and those that offered graduate degrees. The size distinction is significant because most American institutions of higher education are small. Fifty-six percent of campuses responding to this survey had less than 2,500 students. Five hundred eleven of the 1,155 campuses offering gerontology instruction have less than 2,500 students. So although the percentage of small campuses which offered gerontology instruction is lower than that of large campuses, much of the current instruction is done on small campuses (Table 3). Small campuses also provide a great potential for future growth. Of the small campuses responding, 702 did not offer gerontology instruction while only 53 of the large campuses had no gerontology credit courses. Thus, the first gerontology course remains to be developed in 68% of the small campuses which responded to this survey plus an unknown but undoubtedly higher percentage of non-respondents.

Much development must occur before each student in American institutions of higher education will have gerontology instruction available to him/her. However, the growth to date has

been both substantial and continuing, and there is every reason to assume that it will continue in the future. From existing data, it can be suggested that this growth will occur in two areas. First, those campuses which do not currently offer gerontology courses will continue to initiate them. The few large campuses which offer graduate degrees will have gerontology courses within a few years with the exception of a small number of technical schools. Smaller campuses, especially community colleges will be slower to develop gerontology instruction, but most will include it by the turn of the century.

Second, gerontology instruction on larger campuses will continue to expand and differentiate. The number of courses per campus will continue to grow as additional departments initiate a course and others develop full programs of instruction. This will mean that students in many departments will have the opportunity to be exposed to gerontology instruction and to see its relationship to their major.

Overall, these data confirm that a great deal of progress has occurred in making gerontology content available to college students but that much potential development remains to be accomplished. The larger campuses which offer the greatest diversity of content have initiated gerontology instruction first, but many of the smaller campuses, especially the community colleges, have yet to create their first gerontology course. The coming years will see continuing expansion of gerontology instruction on small campuses and those that offer no graduate instruction. Gerontology instruction on every campus is a viable objective for the future, and when it is achieved, it will provide the basis for eradicating the stereotypes and misinformation about aging and older people.

However, the goal of one gerontology course per campus is a modest and interim one. In the long run, gerontology instruction will need to be available to every student if societal attitudes and values are to be changed. The implication is that continued expansion of course offerings within institutions will be needed in order to achieve gerontological literacy, and to assure that our society will seek justice and dignity for our older citizens.

5. Students completing gerontology courses

The importance of counting the number of campuses which offer gerontology courses is related to the number of students who complete the courses. It is the students who will find employment in the field of aging, teach or conduct research, assist an older family member, or modify their own aging in a way that is beneficial to themselves and society.

Campuses responding to the survey indicated that approximately 335,000 unduplicated students had completed credit courses in gerontology and over 200,000 had completed non-credit workshops and seminars. Many of the respondents indicated that precise records were not available, so those totals must be viewed as estimates rather than actual course registrations.

Larger campuses reported serving larger numbers of gerontology students. As Table 9 shows, they reported a mean of nearly 900 students having completed credit courses in gerontology while small campuses reported a mean of slightly over 130. The situation with non-credit students was very similar. Large campuses reported averaging over 700 non-credit students while small campuses reported a mean of less than 100.

Table 9.
Mean Number of Graduates Who Have Completed Gerontology Courses by Campus Enrollment.

| | Number of Credit Graduates | | Number of Non-Credit Graduates | |
|---|---|---|---|---|
| Campus Enrollment | Mean | Cases | Mean | Cases |
| 1 to 1,000 | 131.5 | 251 | 56.7 | 216 |
| 1,001 to 2,500 | 184.7 | 265 | 86.2 | 232 |
| 2,501 to 5,000 | 261.2 | 177 | 241.4 | 140 |
| 5,001 to 10,000 | 395.3 | 155 | 340.0 | 101 |
| 10,001 to 20,000 | 841.3 | 116 | 710.8 | 90 |
| 20,001 and over | 889.9 | 41 | 815.3 | 38 |
| Overall | 321.9 | 1005 | 239.1 | 817 |

## 6. Data from the Second Questionnaire: Gerontology Programs

The data on gerontology instruction provided in the next sections of this report are drawn from the second questionnaire which was sent to each campus offering at least four gerontology credit courses. This number was selected because it was seen as the minimum needed to have a "program of instruction." A total of 1,163 programs were sent the second questionnaire, with 919 responding. Of these, 709 programs of instruction were identified on 351 campuses. Campuses with a smaller number of students were least likely to offer four gerontology courses and thus be included in this sample. For instance, as Table 10 shows, 57% of all campuses had less than 2,500 students, but only 19% of the campuses which offered a program of gerontology instruction were under 2,500. Likewise, it is clear from the data that the number of gerontology instructional programs per campus varied with the size of the campus. Table 10 indicates that small campuses made up 22% of the respondents to the second survey but that these campuses offered only 19% of the instructional programs. The very smallest campuses (less than 1,000 students) which offered programs of gerontology instruction had a mean of 1.75 programs per campus, while the very largest campuses (20,000 and over) offered a mean of 2.66 programs per campus.

Campuses which offered higher level degrees were also more likely to offer programs of gerontology instruction. Nine percent of those that offered a gerontology instructional program had the associate degree as the highest credential, while 51% of campuses offering a gerontology program offered the doctorate degree (Table 10). Likewise, campuses offering the associate or bachelor's degree as the highest credential were less likely to offer gerontology programs than were those awarding the doctorate.

Private schools showed a lower level of gerontology instruction than did public institutions. Private schools comprised 48% of the total universe of higher education, but only 31% of the campuses that offered a program of gerontology instruction (Table 10). The mean number of gerontology instructional programs at private schools (1.95) was slightly lower than those offered at public campuses (2.08).

The size of many gerontology programs is expected to increase in the next five years. Approximately 205 of the responding programs expected to increase their course offerings in gerontology, 65 expected to create a program, and 9 indicated that a concentration would be created.

Table 10.
Comparison of Second Survey Sample and Respondents.

| Campus Enrollment | Total Sample | | Second Survey Respondents (Campuses) | | Second Survey Total Sample (Programs) | | Number of Programs | | Programs per Campus |
|---|---|---|---|---|---|---|---|---|---|
| 1 - 1,000 | 919 | 30.4% | 28 | 8.0% | 66 | 5.7% | 49 | 6.9% | 1.75 |
| 1,001 - 2,500 | 790 | 26.2% | 49 | 14.0% | 129 | 11.1% | 86 | 12.1% | 1.75 |
| 2,501 - 5,000 | 438 | 14.5% | 50 | 14.2% | 127 | 10.9% | 77 | 10.9% | 1.54 |
| 5,001 - 10,000 | 384 | 12.7% | 67 | 19.1% | 240 | 20.6% | 127 | 17.9% | 1.89 |
| 10,001 - 20,000 | 243 | 8.0% | 89 | 25.4% | 282 | 24.3% | 189 | 26.7% | 2.12 |
| 20,001 and up | 118 | 3.9% | 68 | 19.4% | 319 | 27.4% | 181 | 25.5% | 2.66 |
| Missing | 127 | 4.2% | 0 | | 0 | | 0 | | |
| | N=3019 | | N=351 | | N=1163 | | N=709 | | |
| **Highest Degree Offered** | | | | | | | | | |
| Two Year | 1082 | 35.8% | 38 | 10.8% | 115 | 9.9% | 62 | 8.7% | 1.63 |
| Four Year | 654 | 21.7% | 37 | 10.5% | 70 | 6.0% | 60 | 8.5% | 1.62 |
| Master's/ Graduate | 736 | 24.4% | 116 | 33.4% | 343 | 29.5% | 207 | 29.2% | 1.78 |
| Doctorate | 458 | 15.2% | 151 | 41.1% | 503 | 43.3% | 362 | 51.1% | 2.40 |
| Missing | 89 | 2.9% | 12 | 3.4% | 132 | 11.3% | 18 | 2.5% | 1.50 |
| | N=3019 | | N=351 | | N=1163 | | N=709 | | |
| **Affiliation** | | | | | | | | | |
| Public | 1477 | 48.9% | 226 | 64.4% | 819 | 70.4% | 470 | 66.3% | 2.08 |
| Private | 1457 | 48.3% | 113 | 32.2% | 313 | 26.9% | 221 | 31.2% | 1.95 |
| Missing | 85 | 2.8% | 12 | 3.4% | 31 | 2.7% | 18 | 2.5% | 1.50 |
| | N=3019 | | N=351 | | N=1163 | | N=709 | | |

## 7. Faculty Involvement in Gerontology Instruction

The second questionnaire asked respondents to indicate the number of faculty who were paid by the gerontology instructional program or who were associated with it by having a joint appointment, teaching courses, or supervising trainees. At total of 1,251 faculty were paid by 292 gerontology programs, and 2341 were associated with 297 programs. Table 11 shows that the number of paid faculty was often smaller than the number associated with the program. The difference was not great at the associate and undergraduate level, but at the graduate, master's, and doctoral levels, more than twice as many faculty were associated as were paid by the programs.

Bolton et al. (1978) conducted a study of gerontology/geriatrics instruction in post-secondary educational institutions in the United States. A total of 397 faculty members from 169 institutions responded to that survey. The third survey conducted as part of the current study replicated parts of that study, so both descriptive and comparative data will be presented here. Since the number of respondents in the third survey (438) was very similar to the number in the previous study (397), comparisons between the two samples were facilitated.

Respondents were asked to name the department where they held their academic appointment in order to determine the faculty member's primary field of origin and thus provide an estimate of the distribution of faculty based upon "field" affiliations rather than teaching assignments. This distinction was especially important when it is recognized that aging-specific content is frequently offered by academic units not designated as "gerontology/geriatrics."

As Graph 5 shows, several changes in the distribution of faculty teaching gerontology/geriatrics can be seen. The most dramatic growth occurred in the number of faculty representing the health professions, most of whom are based in medical centers. On the other hand, the greatest decline occurred in faculty teaching within gerontology academic units. Since data from the other parts of this study show an increase not a decline in the number of gerontology academic units, it may well be that the growth in the total number of faculty accounts for this apparent decline in faculty claiming gerontology as their field of affiliation.

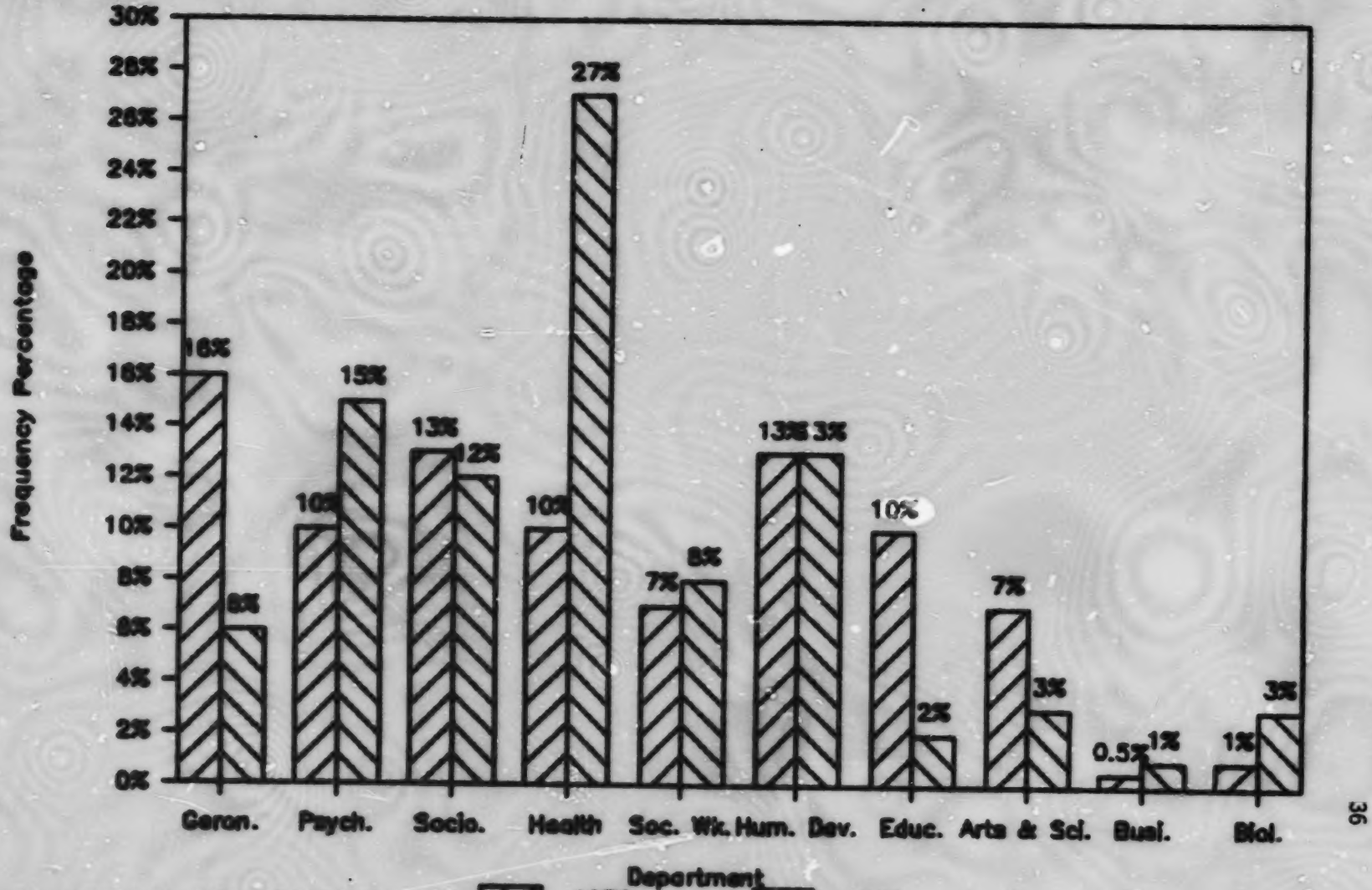
Graph 6 indicates the highest earned degree of faculty in 1976 and 1986. The categories used include Less than Master's which represents persons working primarily in allied health professions field (physical therapy, nursing, etc.) where a first professional degree is the principal credential held by many

Table 11.
Faculty Reported by Gerontology Program.

| Level of Program | Faculty Paid | | Faculty Associated | |
|---|---|---|---|---|
| | Number of Units | Mean Number of Faculty | Number of Units | Mean Number of Faculty |
| Associate | 63 | 12.4 | 61 | 9.8 |
| Undergraduate | 75 | 9.9 | 74 | 14.4 |
| Bachelors | 194 | 12.4 | 191 | 11.3 |
| Graduate | 80 | 9.7 | 76 | 13.9 |
| Masters | 161 | 9.2 | 153 | 11.2 |
| Ph.D. | 55 | 11.4 | 50 | 8.7 |

## Graph 5

### Primary Department Appointment

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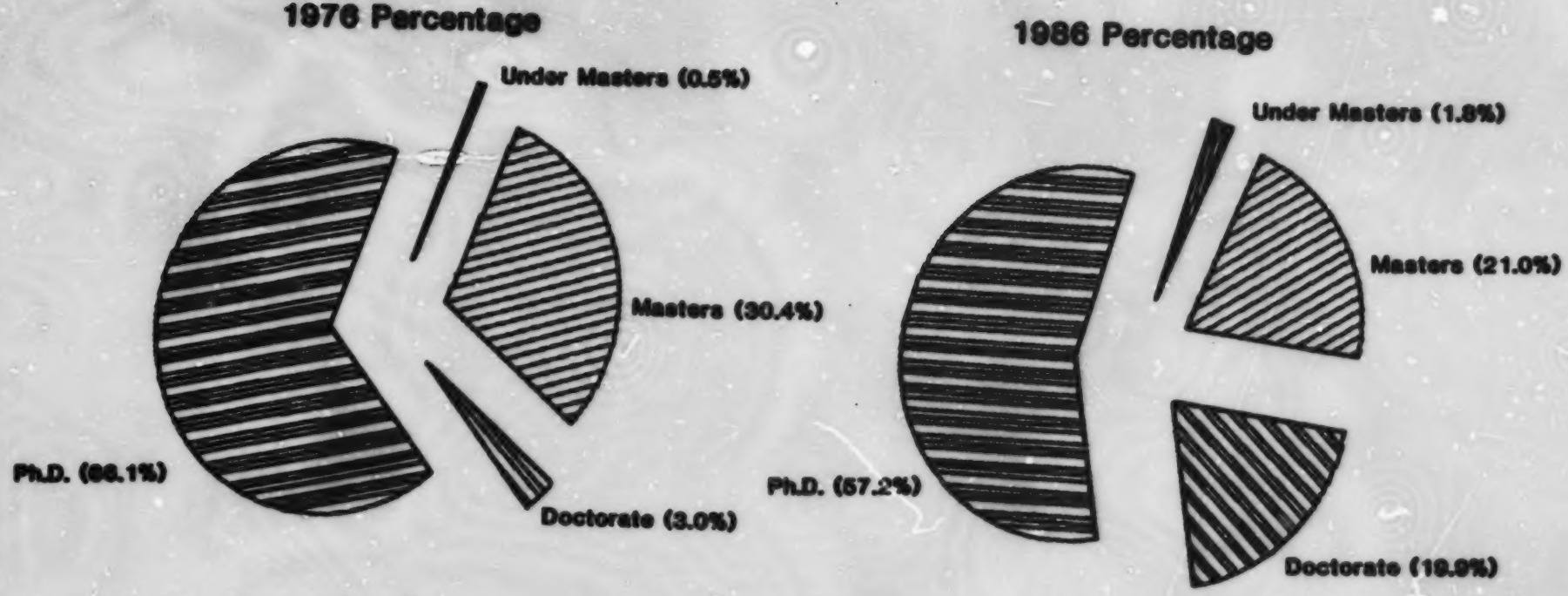
## Graph 6

## Highest Earned Degree: Percentages

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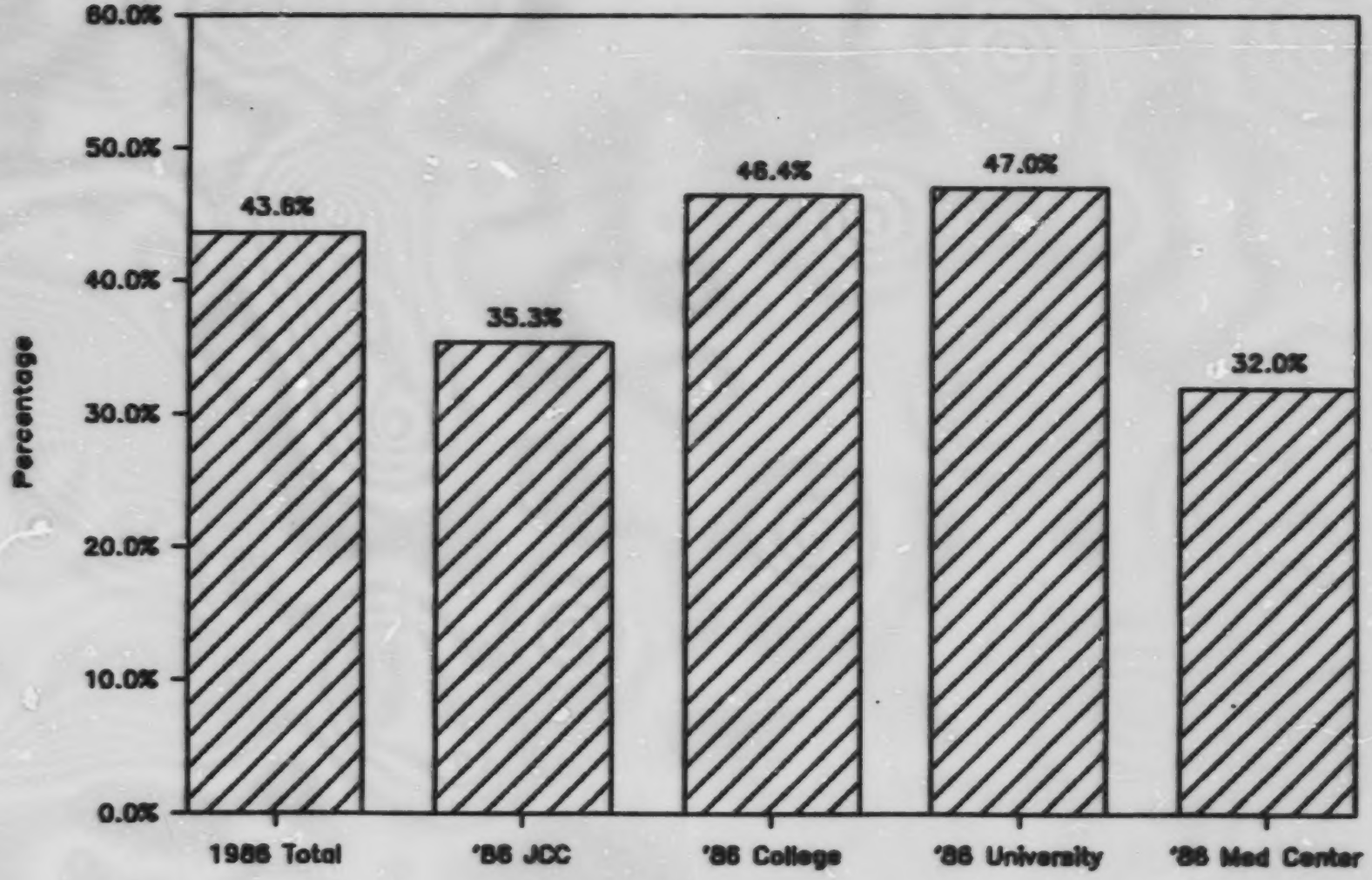
## Graph 7

### Faculty Having Formal Course Work in Gerontology During Degree Programs

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faculty. The Ph.D. category indicates those faculty holding the traditional research doctorate while the "Doctorate" category includes an array of applied doctorates such as Dr.PH, DDS, MD, and ED.D. Again, the growth in the number of health professions faculty is obvious in the data.

Although 1976 data are not available, the 1986 data show (Graph 7) that 44% of the respondents have had some formal instruction in gerontology/geriatrics as part of their academic preparation. This means, however, that 56% have not had such preparation and have relied totally on self-study or similar forms of education. The distribution of faculty with academic preparation across the various institutional types shows those from medical centers having the least (32%) while those in college and university settings have the most (46% and 47% respectively).

When the academic ranks of gerontology/geriatrics faculty from 1976 and 1986 were compared, there was a small increase in the proportion of faculty holding the rank of professor, but otherwise little change had taken place in the distribution of faculty across the ranks. However, the proportion of faculty holding tenure has shown an increase from 48% to 57% over the 10 year period. This appears to reflect the increased seniority of the faculty rather than movement to tenure eligible positions, since the total percentage of faculty who are on tenure tracks or are tenured has declined from 87% to 82%.

Teaching Experience. Two indicators of teaching experience were ascertained: the number of years gerontology/geriatrics faculty have been involved in post-secondary teaching, and the number of years they have been teaching courses with gerontology/geriatrics as the principal content.

Faculty teaching in colleges (Graph 8) indicated the longest tenure as teachers in post-secondary education with an average of 15 years experience; university faculty indicted a mean of 14 years. The average length of service for all categories was 13.2 years of post-secondary teaching experience. While comparable data are not available for other fields and disciplines, this average would appear to be low. Trend data gathered in the future will provide an indication of the maturation of the profession.

As Graph 9 illustrates, the average number of years of teaching gerontology/geriatrics has increased modestly over the 10 year period. Faculty in 1976 indicted an average of slightly over five years experience teaching gerontology/geriatrics while those surveyed in 1986 indicated an average of nearly seven years. Additional data on the 1986 group indicated that the accumulation of experience is only loosely associated with additional years of age. For example, while those ages 35 to 45

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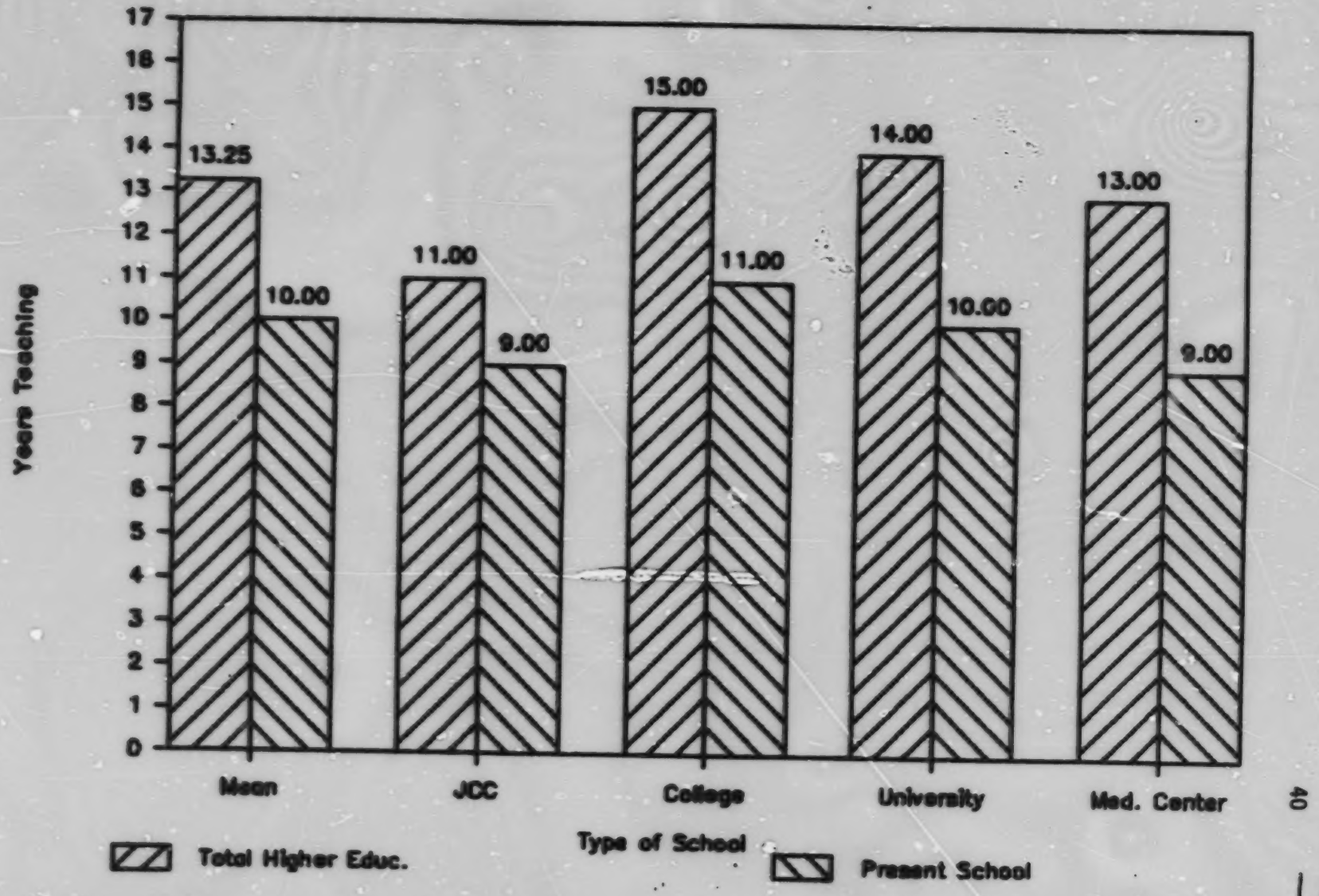
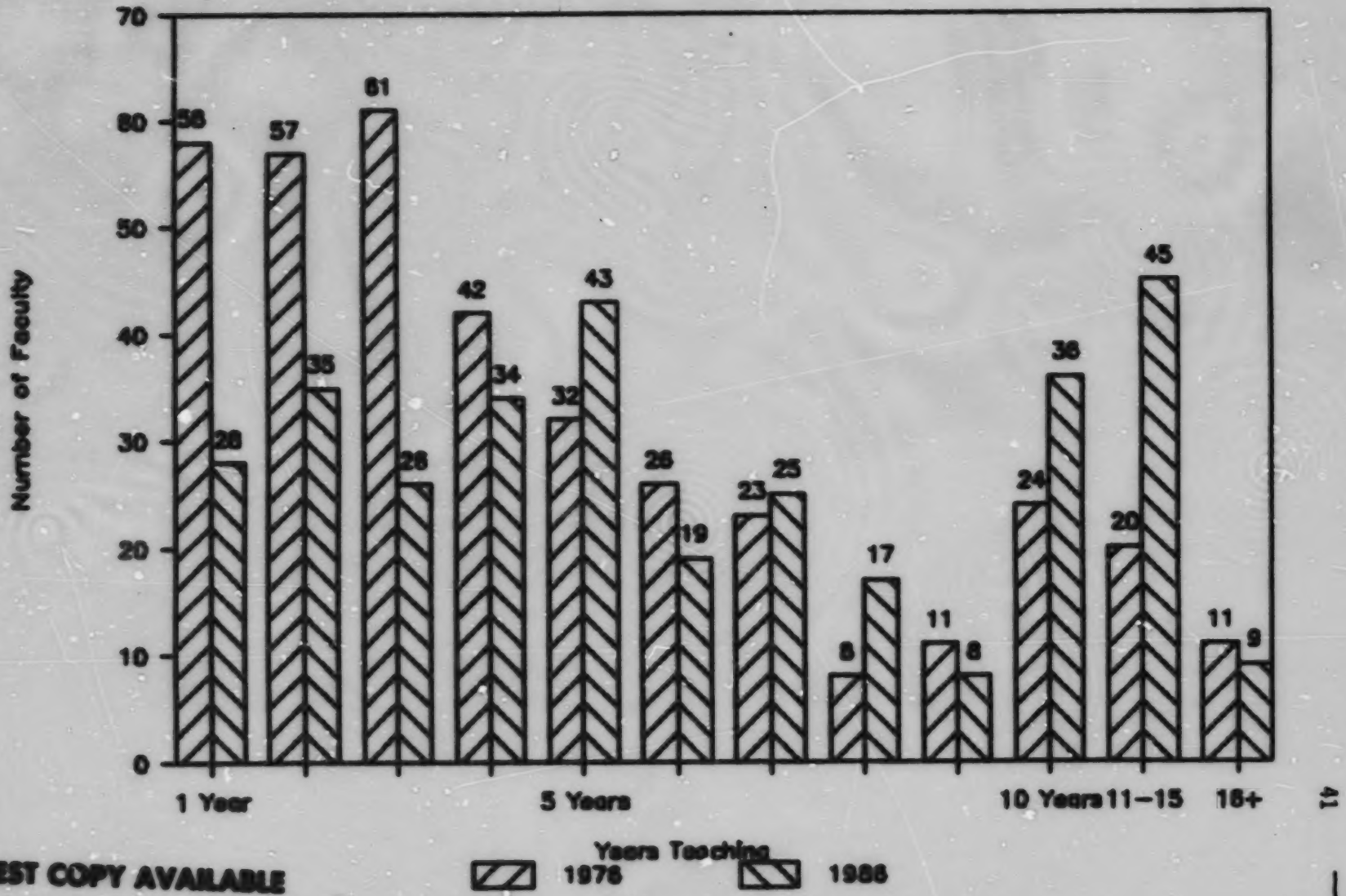
## Graph 8

### Number of Years Teaching Experience



## Graph 9

## Number of Years Teaching Gerontology

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(n=167) indicted an average of five years experience teaching gerontology/geriatrics, those ages 46 to 55 (n=113) indicted a mean of six years, those ages 56 to 65 (n=84) a mean of eight years, and those over age 65 (n=15) an average of 10 years experience teaching gerontology/geriatrics. While tracing the movement of faculty into and out of the mainstream of instruction in our field is difficult, we can detect a growing level of experience accumulated by those who are older.

The average teaching load in gerontology/geriatrics has increased slightly over the 10 year period from 1976 to 1986 (Graph 10). When compared with reported annual teaching loads in all courses, a similar increase has occurred with the 1976 mean being 3.7 courses per year and the 1986 mean being four courses per year (Graph 11). While we do not have sufficient data to fully understand the meaning of these changes, we can see that gerontology/geriatrics instruction, on average, represents only approximately 50% of the average teaching load for respondents.

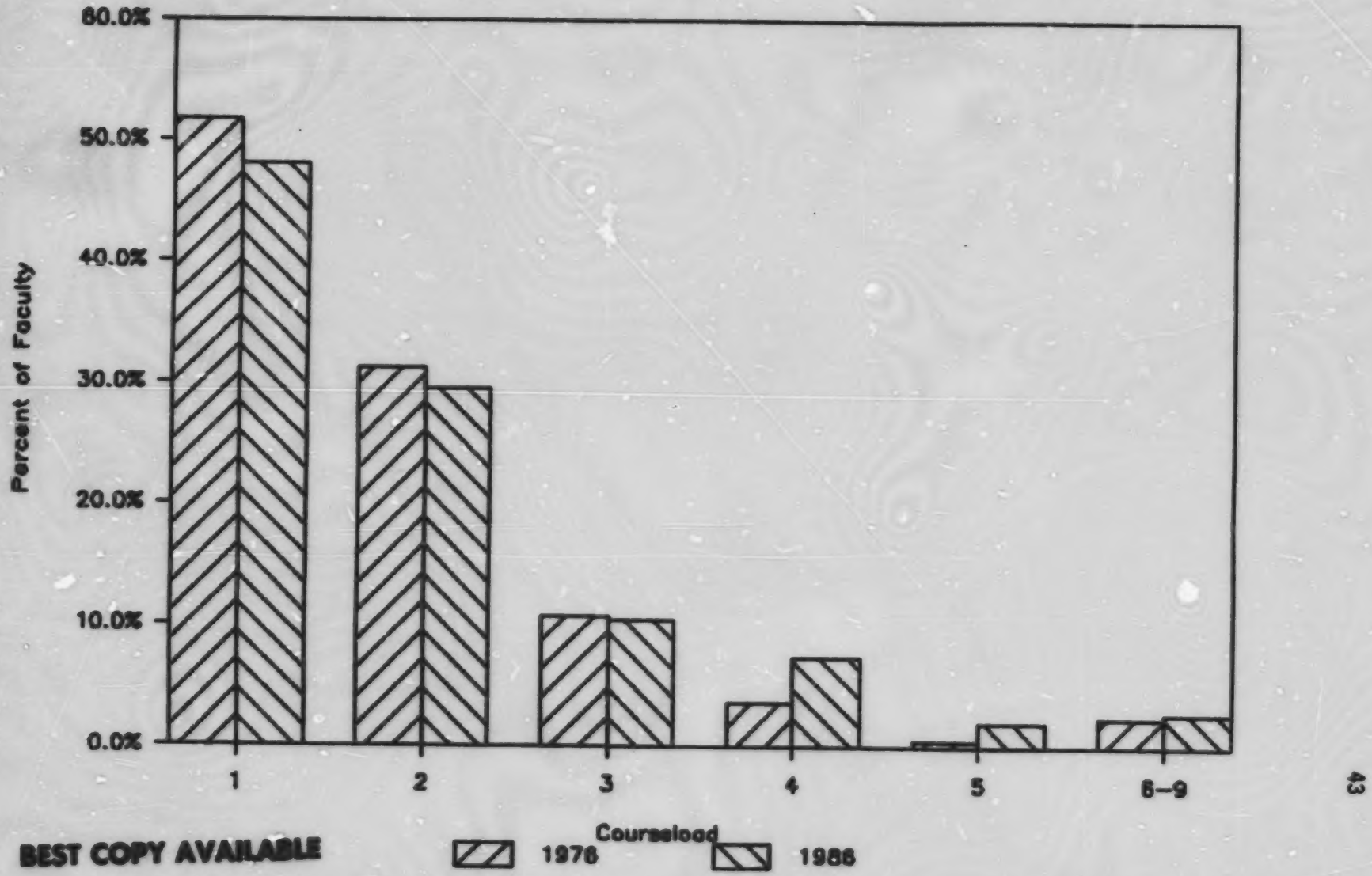
Another perspective can be gained by examining the proportion of faculty teaching a total of four or fewer courses in contrast to that same proportion teaching gerontology/geriatrics. The proportion of faculty respondents teaching four or fewer courses was 73.3% in 1976 but only 46.8% in 1986. In comparison, the proportion of faculty teaching four or fewer gerontology/geriatrics courses was 89% in 1976 and 85.5% in 1986. Thus, while nearly three-fourths of the faculty in 1976 taught four or fewer courses and nearly 90% of those were gerontology/geriatrics, only about one-half taught four or fewer courses in 1986 with almost as many (85.5%) being gerontology/-geriatrics. In other words, while the proportion of instructional effort devoted to gerontology/geriatrics has remained relatively stable, the total instructional effort has declined by nearly 50%. A more detailed analysis of these data will probably reveal that the proportion of faculty teaching in medical centers at less than full-time (classroom instruction) significantly affects this outcome.

As one might expect, given the previous data that suggested a general maturing of the teachers of gerontology/geriatrics, the respondents reflect some changes in proportional age distribution. The decline of the under 30 group from 7.7% in 1976 to .7% in 1986 and the growth of the 41-50 group from 24.8% in 1976 to 33.7% in 1986 would seem to support the notion of overall maturation within the field (Graph 12).

In the ten years between 1976 and 1986, the percentage of women in the gerontology/geriatrics faculty have increased from 42.5% to 49.5%. This probably is a reflection of the total change within higher education in which women are increasingly acquiring faculty roles.

## Graph 10

### Gerontology Teaching Load per Academic Year

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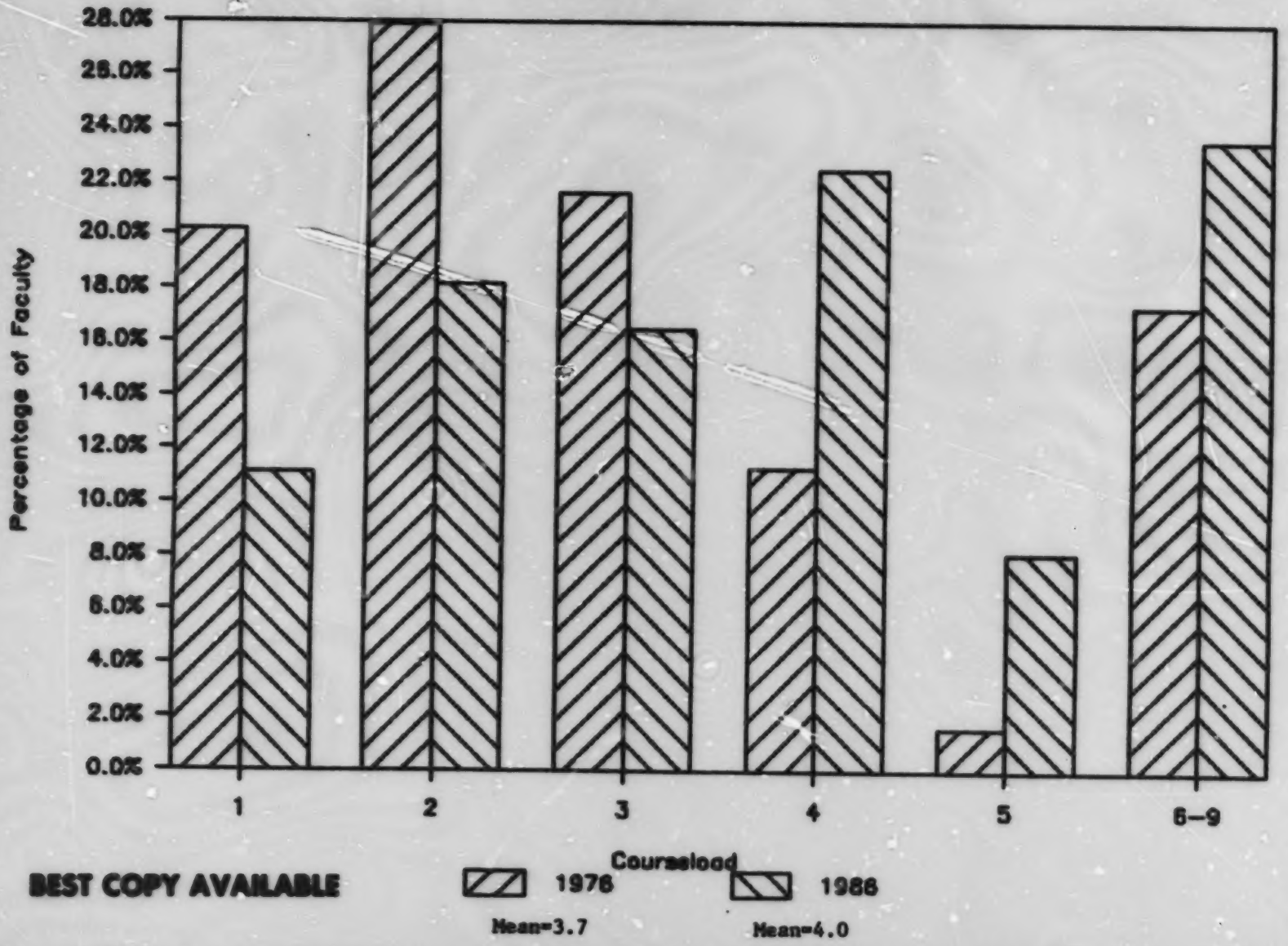
## Graph 11

## Teaching Load per Academic Year

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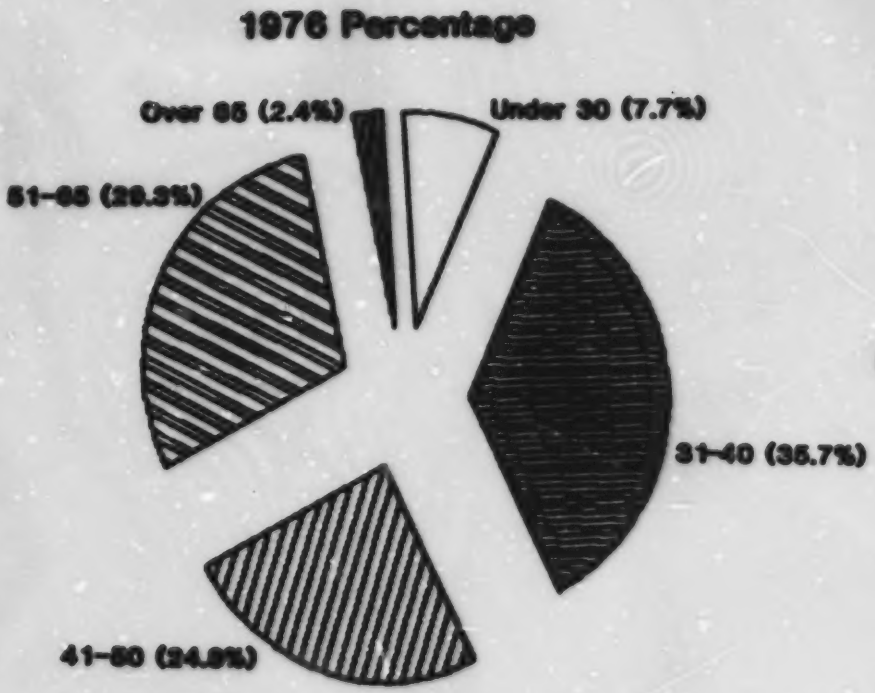
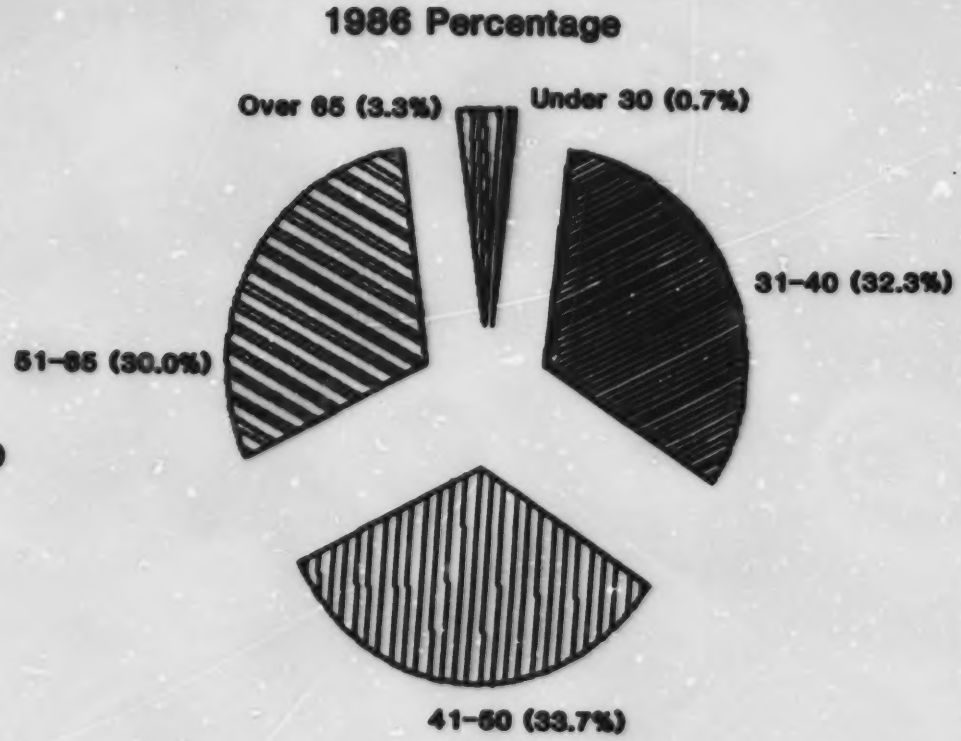
## Graph 12

## Faculty Ages : Percentages



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Faculty Publications. Publication rates among faculty in most academic fields are thought to reflect the level of scholarly accomplishment for the field. In applied fields, however, one can expect subscription to this notion will be divided between the "academics" and the "practitioners." Thus, the data regarding publication rates are presented as a whole (Graph 13) and by institutional type (Graph 14).

Generalizations regarding these data are difficult given the wide variety of interpretations of quality presently employed in American higher education. However, given the acceptance of publication rates and "reputational" indices presently employed for the "established" disciplines and professions, it is timely to begin to examine the inclination of gerontology/geriatrics faculty to become involved in the "publications game." The data presented reflect only summary statistics (means) and thus subsequent analyses will need to focus on the potential presence or absence of significant differences over the 10 year period.

The publication of journal articles has shown the most noticeable increase since 1976. An examination of the average number of articles in gerontology and related fields (Graph 14) indicates that faculty identified with medical centers publish much more (mean = 16) than faculty representing other institutional types (university mean = 9.6; college mean = 5.4).

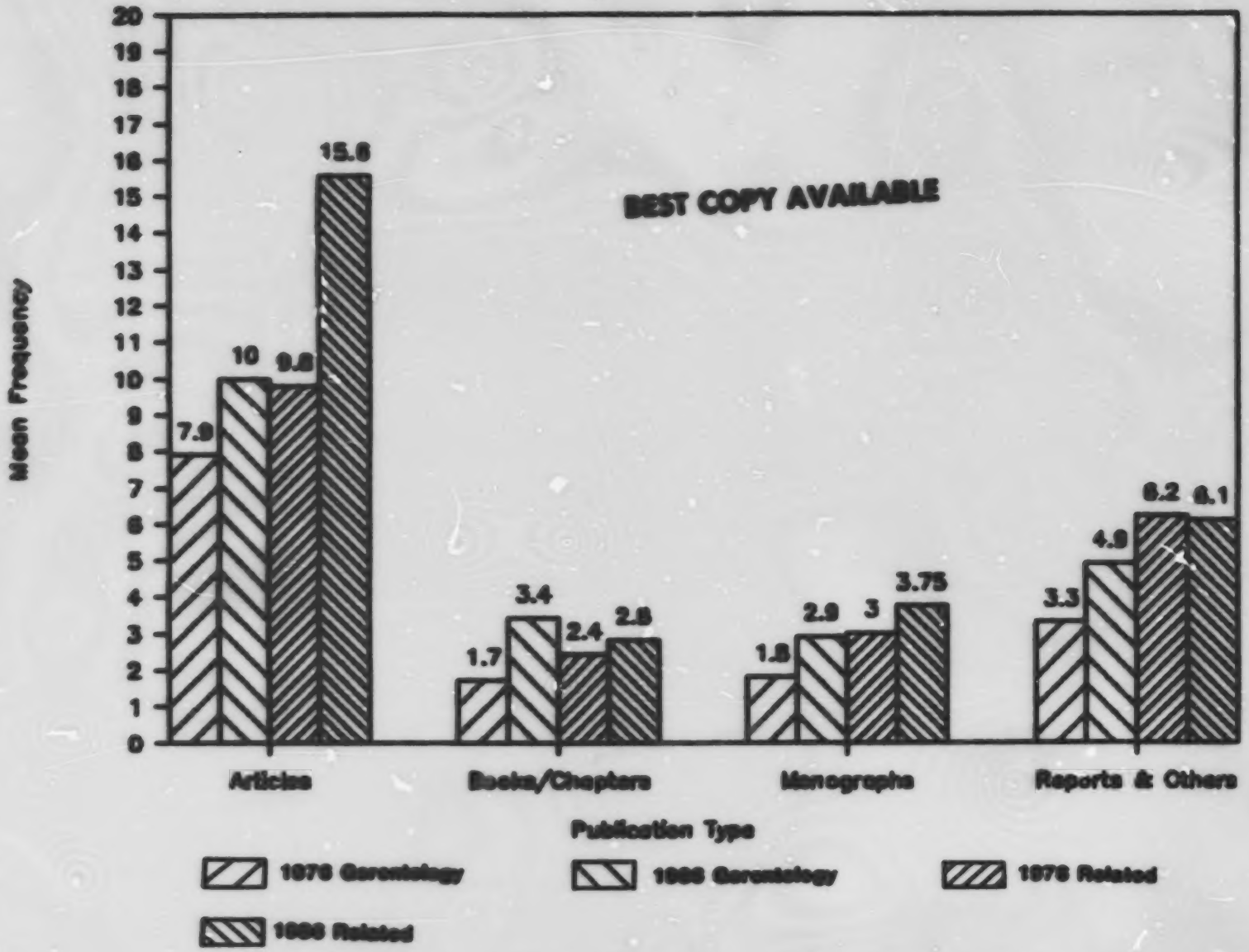
Faculty Salaries. Respondents were asked to indicate their salary within a range of categories reflecting $5,000 increments (Table 12). The mean for all faculty was estimated to be $32,500. Approximately 32% of the respondents indicated salaries at or below $30,000; while some of these may be affiliated with poorer colleges or junior/community colleges, the majority were most likely among the respondents who indicated part-time employment status. Nearly 29% of the respondents indicated salaries of $40,000 or higher and 17.6% reported salaries of $45,000 or higher.

Conclusions. In summary, these data reflect some clear differences in the teachers of gerontology in 1986 when compared to those of 1976. Primary departmental appointments in 1976 were clustered more in the social sciences, particularly gerontology, psychology, education, and sociology. The health professions, psychology, and human development have registered the most dramatic increases in 1986. These data are not too surprising given the intense focus of the National Institute on Aging on health care and related disciplines beginning in the early 1980s.

The data also reflect a change in the academic training of the faculty over the 10 year period. There are fewer faculty holding the traditional research doctorate, the Ph.D., in 1986

## Graph 13

### Publications in Gerontology and Related Fields

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Graph 14

Publications in Gerontology and Related Fields : by Institutional Type

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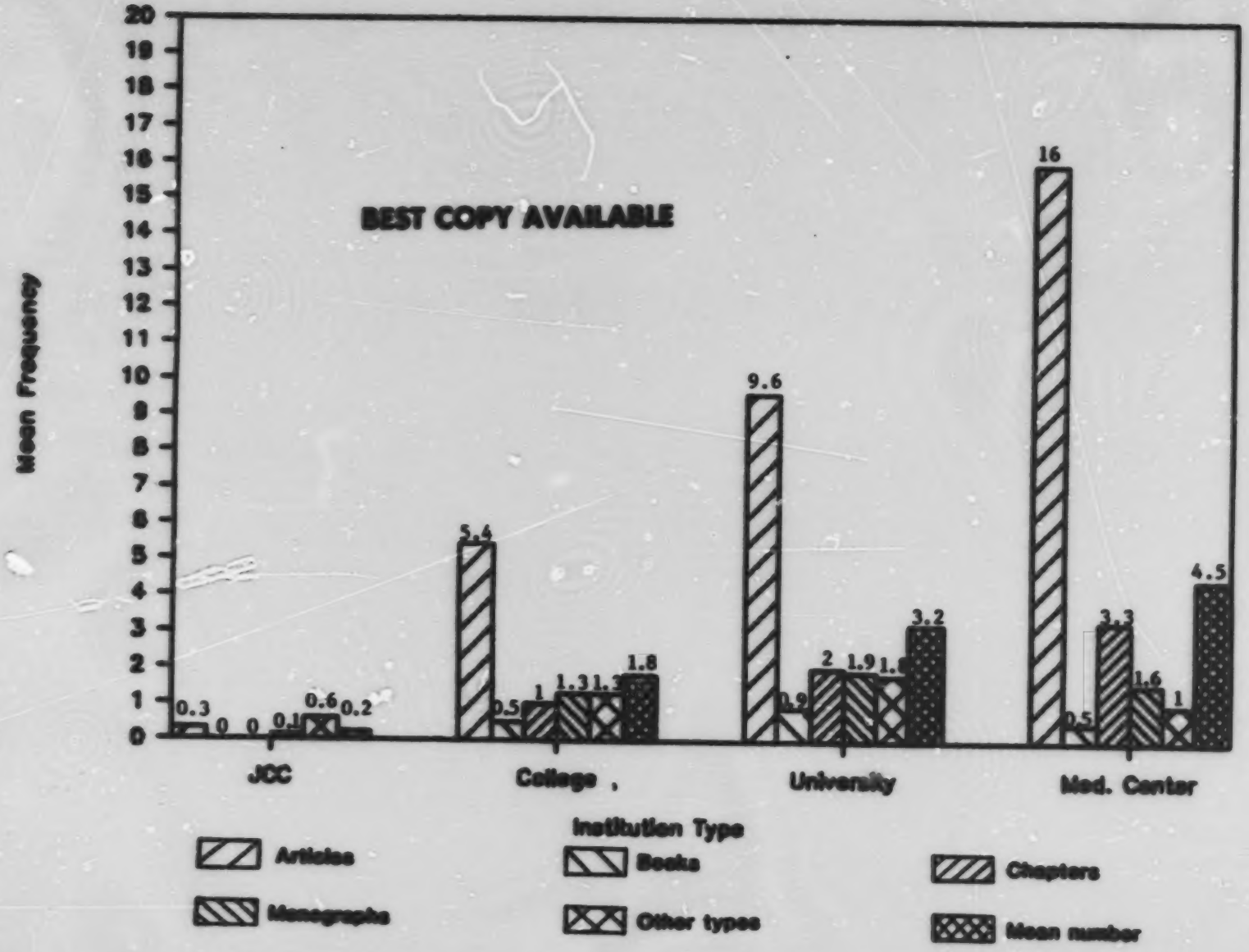


Table 12.
Salaries by Institutional-Type.[1]

| Salary | JCC | College | University | Medical | |
|---|---|---|---|---|---|
| $1,000-$10,000 | 4<br>30.4%<br>21.1% | 1<br>7.7%<br>2.2% | 5<br>38.5%<br>2.0% | 3<br>23.1%<br>3.7% | 13<br>3.3% |
| $10,001-$15,000 | 0<br>0.0%<br>0.0% | 0<br>0.0%<br>0.0% | 1<br>50.0%<br>0.4% | 1<br>50.0%<br>1.2% | 2<br>0.5% |
| $15,001-$20,000 | 1<br>9.1%<br>5.3% | 3<br>27.3%<br>6.5% | 4<br>36.4%<br>1.6% | 3<br>27.3%<br>3.7% | 11<br>2.8% |
| $20,001-$25,000 | 4<br>11.1%<br>21.1% | 4<br>11.1%<br>8.7% | 27<br>75.0%<br>10.8% | 1<br>2.8%<br>1.2% | 36<br>9.0% |
| $25,001-$30,000 | 2<br>3.0%<br>10.5% | 12<br>28.2%<br>26.1% | 43<br>65.2%<br>17.1% | 9<br>13.6%<br>11.0% | 66<br>16.6% |
| $30,001-$35,000 | 4<br>4.3%<br>21.1% | 15<br>16.0%<br>32.6% | 60<br>63.8%<br>23.9% | 15<br>16.0%<br>18.3% | 94<br>23.6% |
| $35,001-$40,000 | 3<br>4.8%<br>15.8% | 5<br>8.1%<br>10.9% | 43<br>69.4%<br>17.1% | 11<br>17.7%<br>13.4% | 62<br>15.6% |
| $40,001-$45,000 | 1<br>2.3%<br>5.3% | 3<br>6.8%<br>6.5% | 33<br>75.0%<br>13.1% | 7<br>15.9%<br>8.5% | 44<br>11.1% |
| $45,001-and Higher | 0<br>0.0%<br>0.0% | 3<br>4.3%<br>6.5% | 35<br>50.0%<br>13.9% | 32<br>45.7%<br>39.0% | 70<br>17.6% |
| | 19<br>4.7% | 46<br>11.6% | 251<br>63.1% | 82<br>20.6% | 398<br>100% |

[1]Mean Salary Approximately $32,500.

and there are more faculty holding "less than a master's degree." These changes likely reflect the growing emphasis on the professional training in gerontology/geriatrics that has replaced the traditional social and behavioral sciences emphasis which was evident in the earlier history of the field. It may also be caused by increased instruction in health fields, many of which rely on advanced practitioners for instruction, rather than highly educated researchers.

The data regarding teaching experience (Graphs 8 and 9) and teaching loads (Graphs 10 and 11) suggest several interesting hypotheses. One might speculate that the limited number of years teaching experience for faculty in 1986 (a mean of 13.2 years) and the even lower averages for teaching experience in gerontology/geriatrics (five years in 1976 and 6.8 years in 1986) might indicate that faculty have moved to gerontology/geriatrics instruction from either non-teaching roles or have only recently become transfers from other fields. Coupled with the data that indicate that in 1986 nearly 64% of the faculty were over age 40 and 30% were past age 50, these speculations would seem reasonable.

The data regarding teaching loads would support the notion of transfers from other fields. With faculty principally teaching non-gerontology/geriatric courses and with those increasing from 1976 to 1986, a teaching force is developing that is only peripherally involved in the subject as a primary emphasis. In 1986 the average load in gerontology/geriatrics was 1.7 courses annually while the average taught in other fields was nearly three. Another perspective may be that there are a number of persons involved in gerontology/geriatrics on a part-time basis--as potentially illustrated by the large number of faculty in both 1976 and 1986 teaching one, two, or three courses per year.

Clearly, the scholarly output of the faculty would appear to be improving. The contributions by those within the health professions--as reflected by medical center faculty publications--is in keeping with the current trends toward focusing the field on the health aspects of aging.

In conclusion, one might consider the question of whether the field is still in search of a stable and significant community of scholars. Given our propensity to compare ourselves with our colleagues in other fields and disciplines our comparisons show considerable subjective differences in our "strength of focus" on gerontology/geriatrics as a primary field of endeavor. Thus, gerontology faculty may have a difficult time developing a strong commitment to this interdisciplinary field.

## 8. Structure of Gerontology Instructional Programs

Gerontology instruction is organized in a variety of ways on the many campuses. In the past, gerontology courses were typically offered within existing departments or schools; seldom were there separate organizational structures which were created to administer the gerontology curriculum. As the data from the survey indicate, this is changing.

One hundred six gerontology programs were reported to be housed in a gerontology academic unit--a center, department, institute, or committee that was responsible for the coordination of gerontology instruction on the campus. The remaining programs were located within an existing department or had virtually no organizational structure. Three hundred fifty-nine were gerontology units, 38 were geriatric units, and 22 units considered themselves both. Since organizational structure of gerontology programs is of interest in the rest of this section, the data included will deal only with the 278 gerontology/geriatrics academic units and will not include those programs that do not have a separate structure for gerontology instruction.

The titles of gerontology academic units included the expected range of responses. The most common title, a program, was reported by 108 (41%) of the respondents; a variety of titles comprising the "other" category was reported by 74 (28%) of the respondents, while the title center was reported by 45 (17%) of the respondents (Table 13).

Rather than referring to these coordinating units by their specific titles, in the rest of the report the term "program" will be used in a generic sense because it is easier and more understandable.

There have been few previous examinations of the extent of various types of gerontology organizational structures. Bolton, et al. (1978) carried out a mail survey of 402 institutions of higher education that had two or more gerontology courses listed in the AGHE National Directory of Educational Programs in Gerontology, First Edition (Sprouse, 1976). They received only a 42% response rate, but their data on 169 campuses are the most complete previous report on the organizational structures of gerontology instructional programs.

A comparison of their data on those 169 campuses with the 1986 data on the same campuses gives an indication of the progress that has taken place within campuses that have had programs of instruction for at least 10 years. The 1986 data show that substantially more gerontology instruction programs have developed within these 169 campuses and that more have taken the title institute or center (Table 14).

Table 13.
Title of Gerontology Academic Units by Highest Degree Offered.

| Highest Degree Offered | Title of Academic Unit: Program | Other | Center | Institute | Dept. | Division | Committee | |
|---|---|---|---|---|---|---|---|---|
| Two-year Campuses | 16<br>57.1% | 8<br>28.6% | 1<br>3.6% | 1<br>3.6% | 0<br>0.0% | 1<br>3.6% | 1<br>3.6% | 28<br>100% |
| Four-year Campuses | 11<br>52.4% | 6<br>28.6% | 1<br>4.8% | 1<br>4.8% | 2<br>9.5 | 0<br>0.0% | 0<br>0.0% | 21<br>100% |
| Masters & Graduate Campuses | 41<br>45.6% | 30<br>33.3% | 9<br>10.0% | 3<br>3.3% | 7<br>7.8% | 0<br>0.0% | 0<br>0.0% | 90<br>100% |
| Doctorate Granting Campuses | 40<br>31.5% | 30<br>23.6% | 34<br>26.8% | 8<br>6.3% | 3<br>2.4% | 8<br>6.3% | 4<br>3.1% | 127<br>100% |
| | 108<br>40.6% | 74<br>27.8% | 45<br>16.9% | 13<br>4.9% | 12<br>4.5% | 9<br>3.4% | 5<br>1.9% | 266<br>100% |

Table 14.
Title of Organizational Structure.

| | Committee/ Program | Center/ Institute | Department | Total |
|---|---|---|---|---|
| Bolton et al. 1978 data | 51 | 19 | 16 | 86 |
| Peterson's 1986 followup of the 1978 sample | 49 | 51 | 10 | 110 |

Administrator' Titles. The title of the gerontology program administrator was also an indication of the organizational structure. As Table 15 shows, the most common title, director, was reported by 136 (51%) of the programs, with coordinator being used in 66 (25%), and chairperson being used in 38 (14%). The percentage of administrators having the title director was 14% higher than that reported by Bolton et al., (1978), but the other titles are difficult to compare since Bolton separated department chairperson from program chairperson.

Another area of organizational structure to consider is the title of the person who supervises the head of the gerontology program. This person most frequently had the title of Dean, with Chairperson and Vice President also being used on a number of campuses. Campuses which offered gerontology degrees were more likely to have the gerontology unit overseen by a dean while campuses which offered only undergraduate instruction frequently had a chairperson in that position (Table 16).

Program Authority. A clear measure of the gerontology program's autonomy and independence is its placement in relation to other departments. A total of 106 (38%) of the gerontology academic units were free-standing while as many as 141 (51%) were located within another department. Academic units which were headed by a Director were more likely to describe their structure as separate from other departments while those headed by a Professor, Head, Dean, or Other were more likely to be housed within another department (Table 17).

Another aspect of organizational structure was the extent of authority over curriculum and faculty. Only 19 of the programs (4%) were limited to coordinating courses offered by other departments without being able of offer a credential. Fifty-six (13%) had the authority to offer credit courses but not a credential. A total of 362 (83%) of the gerontology programs

Table 15.
Title of Gerontology Administrator by Highest Degree Offered.

| Highest Degree Offered | Title of Program Head: Director | Coordinator | Chair | Head | Chief | Asst. Dean | V.P./ Provost | Other | |
|---|---|---|---|---|---|---|---|---|---|
| Two-year Campuses | 6<br>21.4% | 11<br>39.3% | 5<br>17.9% | 1<br>3.6% | 0<br>0.0% | 2<br>0.0% | 2<br>7.1% | 1<br>3.6% | 28<br>100% |
| Four-year Campuses | 13<br>61.9% | 4<br>19.0% | 3<br>14.3% | 0<br>0.0% | 0<br>0.0% | 0<br>0.0% | 0<br>0.0% | 1<br>4.8% | 21<br>100% |
| Masters & Graduate Campuses | 39<br>42.9% | 32<br>35.2% | 16<br>17.6% | 1<br>1.1% | 0<br>0.0% | 1<br>1.1% | 0<br>0.0% | 2<br>2.2% | 91<br>100% |
| Doctorate Granting Campuses | 78<br>60.9% | 19<br>14.8% | 14<br>10.9% | 6<br>4.7% | 7<br>5.5% | 1<br>0.8% | 0<br>0.0% | 3<br>2.3% | 128<br>100% |
| | 136<br>50.7% | 66<br>24.6% | 38<br>14.2% | 8<br>3.0% | 7<br>2.6% | 4<br>1.5% | 2<br>0.7% | 7<br>0.7% | 268<br>100% |

Table 16.
Title of Gerontology Supervisor by
Highest Degree Offered.

| Highest Degree Offered | Title of Supervisor: Dean | Chair | V.Pres/ Provost | Director | Asst. Dean | Other | |
|---|---|---|---|---|---|---|---|
| Two-year Campuses | 12<br>8.5% | 11<br>20.0% | 1<br>4.0% | 2<br>16.7% | 1<br>11.1% | 2<br>10.0% | 29<br>11.1% |
| Four-year Campuses | 10<br>7.1% | 6<br>10.9% | 1<br>4.0% | 1<br>8.3% | 1<br>11.1% | 2<br>10.0% | 21<br>8.0% |
| Masters & Graduate Campuses | 57<br>40.4% | 15<br>26.3% | 7<br>16.2% | 4<br>33.3% | 4<br>44.4% | 1<br>5.0% | 88<br>33.6% |
| Doctorate Granting Campuses | 62<br>44.0% | 23<br>41.8% | 16<br>64.0% | 5<br>41.7% | 3<br>33.3% | 15<br>75.0% | 124<br>47.3% |
| | 141<br>100% | 55<br>100% | 25<br>100% | 12<br>100% | 9<br>100% | 20<br>100% | 262<br>100% |

Table 17.
Title of Program Administrator by
Placement of Program.

| Title of Administrator | Program Placement: Separate | Within a Department | Other | |
|---|---|---|---|---|
| Director | 71<br>52.2% | 55<br>40.4% | 10<br>7.4% | 136<br>100% |
| Coordinator | 18<br>26.5% | 37<br>54.4% | 13<br>19.1% | 68<br>100% |
| Chair | 14<br>36.8% | 18<br>47.4% | 6<br>15.8% | 38<br>100% |
| Head | 0<br>0.0% | 9<br>100% | 0<br>0.0% | 9<br>100% |
| Other | 3<br>33.3% | 4<br>44.4% | 2<br>22.2% | 9<br>100% |
| Chief | 0<br>0.0% | 7<br>100% | 0<br>0.0% | 7<br>100% |
| Assistant Dean | 0<br>0.0% | 7<br>100% | 0<br>0.0% | 7<br>100% |
| | 106<br>38.1% | 141<br>50.7% | 31<br>11.2% | 278<br>100% |

offered courses and administered a credential, indicating substantial control over the quality and type of instruction, a clear step in program institutionalization (Table 18).

Table 18.
Distribution of Gerontology/Geriatrics Programs by the Authority of the Program.

| Authority of the Program | Percent | Number |
|---|---|---|
| Coordinates courses only | 4.3% | 19 |
| Offers courses only | 12.8% | 56 |
| Offers courses and a credential | 82.9% | 362 |
| Total | 100% | 413 |

Most programs did not have their own faculty. Only 84 (20%) had the authority of provide tenure to their faculty while the vast majority did not have this prerogative but relied on the tenure process being carried out within another department or school.

Conclusion. From the data presented here, and from anecdotal evidence of individual programs, it appears that gerontology instruction has recently passed a milestone, one which has seen a shift from rapid development of gerontology instructional programs, frequently aided by external funding, to a more traditional approach in which the resource requirements of gerontology instruction and the organizational structures are similar to other academic programs of the institution. Bolton (1981) has speculated on this change previously and has suggested that from this point on, the expectation must be for gerontology faculty to be equal or superior to other faculty as measured by the traditional measures of quality--publication, research, and teaching--rather than achieving success through their facileness at acquiring federal grants.

Gerontology organizational structures reflect this substantial change as an increasing number of institutions recognize the importance of the field by granting the program authority for budgets, curriculum, and tenure. This is an appropriate and necessary step in the attainment of program stability, and as it occurs on an increasing number of campuses, it will result in enhanced quality for students, faculty, and the community.

## 9. Financial Resources Available

Gerontology instructional programs generally had small budgets. Although financial resources were doubtless provided by other departments, 51% of the gerontology programs had an annual budget of less than $50,000 (Table 19). This suggests that there was not a large instructional or administrative staff that was paid by the gerontology program and that the resources commanded were quite minimal compared with other departments, centers, and institutes.

Gerontology instructional units had relatively limited budgetary control. In approximately half of the programs, the gerontology unit had no separate budget at all. Centers, institutes, and departments were the organizational structures most likely to have their own budgets while schools, committees, and divisions were the least likely to do so (Table 20). This suggests that in half of the cases, the gerontology program depended upon the staff and program support of some other department or school.

Forty percent of the gerontology programs reported that they had the authority to pay the salary of the faculty involved in gerontology instruction. Again, centers, institutes, and departments were most likely to have this authority while committees, schools, and divisions were the least likely to be able to do so (Table 21).

The data showed few differences in the sources of funding between the older and newer programs (Table 22). The average institutional support for older programs (over 10 years of age) was appoximately equal (74%) to than that for institutions starting course work between 1981 and 1985 (72%). The programs which are proposed to be started in the future identified 100% of their funding as institutional support. However, there were only a few responses in this category.

Federal Funding. The federal portion of the funding also showed some difference between older and newer programs, as did private aid (Table 22). Overall the differences were slight, with all categories other than institutional support amounting to less than 27%. Programs that began more recently seem to have a greater range of financial sources that they are relying on. It is impossible from the current data to tell if the older programs also depended initially on more scattered sources of funding. From anecdotal evidence, it is more likely that the older programs initially did depend on federal funding, but as this source declined, other resources were tapped. The newer programs, never having had access to as much federal support, have relied from the start on a broader array of support. The programs which are yet to be started indicate no expectation of

Table 19.
Gerontology Program Budget by Type of Academic Unit.

| Budget | Prog. | Other | Center | Inst. | Dept. | Commit. | Div. | |
|---|---|---|---|---|---|---|---|---|
| None | 3<br>4.8% | 11<br>29.7% | 0<br>0.0% | 1<br>10.0% | 0<br>0.0% | 0<br>0.0% | 1<br>33.3% | 16<br>9.9% |
| $1-$10,000 | 14<br>22.2% | 6<br>16.2% | 2<br>5.7% | 1<br>10.0% | 1<br>11.1% | 2<br>50.0% | 0<br>0.0% | 26<br>16.1% |
| $10,000-<br>$50,000 | 19<br>30.2% | 11<br>29.7% | 2<br>5.7% | 2<br>20.0% | 5<br>55.6% | 2<br>50.0% | 0<br>0.0% | 41<br>25.5% |
| $50,001-<br>$100,000 | 11<br>17.5% | 4<br>10.8% | 8<br>22.9% | 1<br>10.0% | 1<br>11.1% | 0<br>0.0% | 0<br>0.0% | 25<br>15.5% |
| $100,001-<br>$250,000 | 10<br>15.8% | 2<br>5.4% | 13<br>37.1% | 2<br>20.0% | 0<br>0.0% | 0<br>0.0% | 1<br>33.3% | 28<br>17.4% |
| $250,001-<br>$500,000 | 5<br>7.9% | 3<br>8.1% | 6<br>17.1% | 3<br>30.0% | 11.1<br>8.3% | 0<br>0.0% | 1<br>33.3% | 19<br>11.8 |
| $500,001<br>and up | 1<br>1.6% | 0<br>0.0% | 4<br>10.8% | 0<br>0.0% | 1<br>11.1% | 0<br>0.0% | 0<br>0.0% | 6<br>2.5% |
| | 63<br>100% | 37<br>100% | 37<br>100% | 10<br>100% | 9<br>100% | 4<br>100% | 3<br>100% | 161<br>100% |

Table 20.
Budget and Salary Control by
Type of Academic Unit.

| Budget Control | Center | Commit. | Dept. | Div. | Inst. | Prog. | Other | |
|---|---|---|---|---|---|---|---|---|
| Budget | 38<br>84.4% | 1<br>20.0% | 9<br>75.0% | 5<br>50.0% | 11<br>84.6% | 42<br>36.5% | 18<br>24.0% | 124<br>45.1% |
| No Budget | 7<br>15.6% | 4<br>80.0% | 3<br>25.0% | 5<br>50.0% | 2<br>15.4% | 73<br>63.5% | 57<br>76.0% | 151<br>54.9% |
| | 45<br>100% | 5<br>100% | 12<br>100% | 10<br>100% | 13<br>100% | 115<br>100% | 75<br>100% | 275<br>100% |

Table 21.
Faculty Salary Control by
Type of Academic Unit.

| Salary Control | Center | Commit. | Dept. | Div. | Inst. | Prog. | Other | |
|---|---|---|---|---|---|---|---|---|
| Salary | 25<br>55.6% | 0<br>0.0% | 7<br>58.3% | 5<br>50.0% | 7<br>53.8% | 41<br>35.7% | 19<br>25.3% | 104<br>37.8% |
| No Salary | 20<br>44.4% | 5<br>100.0% | 5<br>41.7% | 5<br>50.0% | 6<br>46.2% | 74<br>64.3% | 56<br>74.7% | 171<br>62.2% |
| | 45<br>100% | 5<br>100% | 12<br>100% | 10<br>100% | 13<br>100% | 115<br>100% | 75<br>100% | 275<br>100% |

Table 22.
Mean Percent of Sources of Funding by
Year Gerontology Instruction First Offered at Campus

| Budget Funding Source | Year Courses First Offered: Before 1971 | 1971 - 1975 | 1976 - 1980 | 1981 - 1985 | Overall |
|---|---|---|---|---|---|
| Institutional Support | 76.9% | 80.8% | 74.3% | 73.6% | 76.7% |
| Federal Support | 15.3% | 8.2% | 9.1% | 9.8% | 9.9% |
| State Support | 3.2% | 1.6% | 2.6% | 3.4% | 2.4% |
| Private Support | 1.9% | 2.1% | 3.1% | 4.3% | 2.6% |
| Alumni Support | 0.4% | 0.9% | 1.4% | 4.0% | 1.3% |
| Fees | 0.9% | 2.2% | 1.1% | 3.5% | 1.6% |
| Other Sources | 1.7% | 2.2% | 4.7% | 0.9% | 2.8% |
| Total of Means | 100.3% N=73 | 98.0% N=96 | 96.3% N=167 | 99.5% N=49 | |

federal support, but intend to rely on intitutional support.

There has been a concern by some persons in the field that gerontology instructional programs were too heavily dependent upon funding from federal agencies, funding which if terminated could mean to end of the gerontology instruction. In a 1977 study of 169 colleges and universities which offered at least two gerontology credit courses, Bolton, Eden, Holcomb, and Sullivan (1978) reported on the extent to which gerontological programs were reliant on federal support. One-third of the institutions received part or all of their funding for aging instruction from the federal government; overall, federal grants paid 34.3% of the total program costs.

Conclusion. Data from this survey suggest that federal funding is not currently a major source of program support (Table 22). Regardless of the length of time the program had been in existence, over 72% of the support came from institutional sources, and the programs with the longest history which reported the highest level of federal support indicated only 15% of their budgets were from federal sources.

## 10. Gerontology Credentials

In professional education, credentials are extremely important because they are labels that may well determine the extent and type of employment opportunities open to graduates. When linkages between educational programs and the job market are close, credentials become a measure of a person's capabilities rather than an accolade for educational accomplishment. Students want to know how the credential will aid them in the employment market, employers ask about the validity of credentials which are used as judgments of the quality and potential of individual graduates, and the public questions whether credentials assure that purchased services are of reputable quality.

Credentials currently fall into three categories. Licenses awarded by government agencies to persons who meet specific requirements; certification or registration conferred by professional associations attesting that the holder meets certain occupational standards; and diplomas given by educational institutions for successful completion of an organized program of study (Miller and Mills, 1978). This study focussed on the third of these credentials, those provided by educational institutions.

Approximately half of the programs of instruction did culminate in the awarding of a credential. A wide variety of names was given to the gerontology credentials. The most common was the certificate, 195 of which were offered by the responding institutions. The degree in gerontology was the second most common with 67 available. Other credential names were used by 146 programs; in order of frequency, they were minor, specialization, and concentration (Table 23).

In 1977, Bolton, Eden, Holcomb, and Sullivan (1978) collected data on the gerontology credentials awarded by programs listed in the 1976 AGHE National Directory of Educational Programs in Gerontology (Sprouse, 1976). They received responses from 123 programs and reported that the most common credentials at that time were majors (34%), minors (23%), concentrations (20%), and specializations (12%). It is interesting that the certificate has become so popular in the past 10 years, significantly overshadowing the other designations.

Current Credentials Awarded. As Table 23 indicates, degrees in gerontology were primarily found at the bachelor's and master's level while the minor and concentration were most frequently offered at the bachelor's level. The specialization was most common at the master's level.

Since the certificate and degree in gerontology were by far the most common credentials identified in the current study, only those two will be included in the remainder of this report. Both

Table 23.
Gerontology Credentials by Level of Program

| Type of Credential | Level of Program: Associate Degree | Bachelor's Degree | Master's Degree | Doctorate | Total |
|---|---|---|---|---|---|
| Certificate | 22 | 80 | 83 | 10 | 195 |
| Degree in Gerontology | 14 | 32 | 21 | 0 | 67 |
| Minor | 0 | 43 | 5 | 1 | 49 |
| Concentration | 0 | 12 | 5 | 1 | 18 |
| Other | 4 | 6 | 10 | 2 | 22 |
| Specialization | 1 | 2 | 12 | 6 | 21 |
| Major | 0 | 6 | 1 | 0 | 7 |
| Emphasis | 1 | 2 | 4 | 1 | 8 |
| Degree in Another Field (i.e. Long Term Care, Gerontological Nursing) | 6 | 4 | 10 | 1 | 21 |
| Total | 48 | 187 | 152 | 22 | 409 |

of these credentials are typically recorded on the transcript of the graduate. Degrees obviously would be, but 76% of the certificate programs also listed the credential on the student's transcript.

Some problems appeared when the data on the requirements for the gerontology certificate and degree were analyzed. Respondents were asked to indicate the total hours of credit for the program, the number of required and elective gerontology hours of credit, the non-gerontology credit hours, and the credits required for gerontology field work. Table 24 shows the responses for both semester hours of credit and quarter hours. It will be noticed that the individual requirements do not add to the total requirements. This may have occurred because some requirements were included twice; for instance, field work credit may have been considered as part of the required gerontology courses and

Table 24.
Gerontology Credentials: Mean Requirements

| | Required Gerontology Credits | Elective Gerontology Credits | Field Work Credits | Non-Gerontology Credits | Total Credit Required | |
|---|---|---|---|---|---|---|
| **Associate Level** | | | | | | |
| **Certificate** | | | | | | |
| Semester | 16.5 | 3.1 | 4.0 | 6.0 | 30.7 | N=13 |
| Quarter | 26.6 | 3.7 | 7.7 | 14.0 | 46.1 | N=7 |
| **Degree** | | | | | | |
| Semester | 22.9 | 5.0 | 3.7 | 44.6 | 58.4 | N=10 |
| Quarter | 29.3 | 1.0 | 9.0 | 29.0 | 85.3 | N=3 |
| **Bachelor Level** | | | | | | |
| **Certificate** | | | | | | |
| Semester | 15.3 | 5.4 | 4.0 | 12.9 | 26.6 | N=28 |
| Quarter | 17.3 | 5.4 | 7.4 | 1.5 | 26.8 | N=11 |
| **Degree** | | | | | | |
| Semester | 30.3 | 9.1 | 6.4 | 53.1 | 72.9 | N=27 |
| Quarter | 24.5 | 15.0 | 6.0 | 64.0 | 50.7 | N=3 |
| **Masters Level** | | | | | | |
| **Certificate** | | | | | | |
| Semester | 13.9 | 5.6 | 5.5 | 52.7 | 23.9 | N=27 |
| Quarter | 13.8 | 7.3 | 6.2 | 39.0 | 29.5 | N=6 |
| **Degree** | | | | | | |
| Semester | 21.1 | 5.8 | 6.6 | 17.9 | 38.1 | N=18 |
| Quarter | 12.0 | 12.0 | 4.0 | 21.0 | 45.0 | N=1 |

when listed separately, made the individual requirements appear to be greater than the whole. Additional analysis will be necessary to clarify this situation, but this preliminary report does provide for the first time insight into the mean requirements of gerontology credentials.

As will be noted in Table 24, the associate and bachelor's degree programs required a higher number of required and elective gerontology credits than did the master's degree program. Since the associate and bachelor's programs are typically larger than the master's degree, it is not surprising that the gerontology requirements should also be higher. However, the bachelor's level certificate did not include as many units of required and elective gerontology courses as did the associate level certificate, and the master's level certificate included substantially less gerontology course work that either of the other levels.

Field Experience. Both certificate and degree programs at all three levels required substantial amount of field work. The number of credit hours awarded for field work did not vary greatly by level or credential, but the required number of clock hours to receive this credit did. At the associate level certificate programs required a mean of 189 hours while the degree programs required a mean of only 96. At the bachelor's level, certificate programs required a mean of 141 hours while the degree programs averaged 216. At the master's level, 152 hours were the mean requirement for the certificate while 343 was the mean for the degree. The high number of required clock hours for the master's degree was not surprising since the master's level is generally considered to have a professional orientation with skill training and experiential learning being a key part of the program.

As expected, students in the associate and bachelor's degree programs completed a much larger number of non-gerontology credit hours. The master's degree was virtually all gerontology courses, while the other two levels were not. Especially at the associate level, the number of non-gerontology credits included in the certificate was greater than expected. These related courses were apparently used to provide additional breadth to the program or to develop generic skills that can be of use to the graduates.

Regardless of the name or level of the credential, 84% were reported to have an occupational orientation, that is, they were offered as a means of preparing the graduate for employment. The only credential to have a substantially lower level of occupational orientation (59%) was the minor, which was generally offered at the bachelor's level.

Conclusions. The growth of gerontology education has resulted in the creation of over 300 programs of instruction which culminate in the award of a gerontology credential. The certificate is the most common of these with the degree occurring second most frequently. A substantial number of students have graduated from many of these programs and are now available for employment in the field of aging.

The credentials are distributed across the four levels of higher education, although nearly half are at the bachelor's level. This was a surprise to the investigator because the master's level programs have been the most visible and thus appeared to be the most common. However, there are many more undergraduate institutions, and it is at this level that much of the program growth has occurred.

It was also surprising that the associate level certificate included as many credit hours of required and elective gerontology courses work as the bachelor's level certificate and substantially more than the master's level. This indicates that students completing an associate level certificate have had more gerontology course work than certificate graduates at the bachelor's or master's level and may find transfer to a gerontology program at a higher level a replication of the instruction they have already completed.

Future reports on this survey will present a more detailed picture of current requirements for gerontology credentials. The next step is to assess more closely the consistency of these credentials and to develop clear descriptions of the model programs as well as the range of variation for each credential at each level.

## 11. The Content of Gerontology Instruction

The comparability of gerontology content offered on various campuses and at various levels has been previously unknown. Two national projects have suggested standards to encourage program quality and content consistency. AGHE, in cooperation with the Gerontological Society of America, sponsored the Foundations for Gerontological Education project (Johnson, et al., 1980) and the Western Gerontological Society's Education Committee developed Standards and Guidelines for Gerontology Programs (Western Gerontological Society, 1978). Other recommendations for gerontology content have come from faculty and committees (Arling and Romaniuk, 1980; Atchley and Seltzer, no date; Bolton, O'Neil, and Ball, 1978; Ernst, Ernst, and Wilson, 1982; Heisel, 1981). However, the extent of knowledge and agreement on gerontology content is still quite unclear.

Although many colleges and universities offer programs of gerontology instruction, few studies have compared the course content at various levels (associate, bachelor, masters, doctoral) in order to determine the similarity of course requirements or agreement with the recommended program guidelines. Van Orman (1984) examined curricula of 102 undergraduate programs listed in the 1982 AGHE directory. Respondents were asked whether each of the 45 content areas listed in the Foundations for Gerontological Education Project (Johnson, et al., 1980) was included in their undergraduate curriculum. Sixty-six percent of the programs included at least 31 of the 45 topics, and 50% of the programs included at least 39 of the 45. This indicated a good deal of consistency in content currently offered in undergraduate gerontology instruction. Peterson's (1984) study compared the curricula of 19 gerontology master's degree programs with the 12 highest rated content areas reported in the Foundations Project. He found that 18 of the 19 programs included at least 11 of the 12 content areas. This suggested a significant level of consistency in the master's degree programs in gerontology. However, there are no previous studies of the comparability of other gerontology credentials nor of the curriculum at the associate or doctoral levels.

One major question posed by this research was the extent to which the gerontology content taught in the variety of existing programs was consistent across academic levels. This would clarify the extent to which there exists a core of gerontology content which is offered in most gerontology instructional programs. Rather than deal with specific course titles which differ substantially from one campus to the next, it was decided to include in the questionnaire a list of content areas and to ask which were required in the instructional program. This list was taken from the study of the Foundations of Gerontological Education (Johnson, et al., 1980) and was then expanded to

include other content areas listed in curriculum guides available to the authors. Each program was asked to respond to this list of content areas by indicating the number of credit hours required for each.

Content Comparability. There was no content area which was required of students in all of the programs and at all of the levels. Social Gerontology was the most frequently reported, being required by a total of 51% of the programs. Psychology of Aging (50%) was second with Biology of Aging (42%), and Sociology of Aging (41%) following (Table 25). These four were by far the most commonly offered and required courses and so appear to form a core of gerontology content which is widely accepted and taught.

Over 80% of the required courses were offered for three or four hours of credit. There was virtually no variation in the amount of credit provided for the various content areas at different levels. This suggests that in practically all programs, one course was required in each of the core content areas; this course provided three or four hours of credit, whatever was typical for most courses in the institution.

The extent to which various content areas were required did differ by level. In general, the core content areas were more likely to be required at the associate degree level than was the case at the bachelor's or master's level. For instance, the Social Gerontology content was required by 75% of the associate level programs while only 39% of the master's programs did. Fifty percent of the associate level programs required Biology of Aging while 49% of the bachelor's level programs did (Table 25).

There were, however, a few content areas which were more likely to be required at the master's level than at the other two. These included Research Methods, Statistics, and Public Policy. These are obvious choices for graduate programs rather than associate and bachelor's level.

When the content requirements for certificates and degrees in gerontology were examined at the three levels, the four core courses were still the most commonly required (Table 26). Programs which awarded the gerontology degree were more likely to require this content than were those that offered the certificate.

The mean of the percentage for the four core courses was higher for the programs offering the gerontology degree than for those awarding the certificate. For instance, at the associate level, the mean of the percentage for the gerontology degree was 71.3%, while the mean of the percentage for certificate programs was 62.5%,

Table 25.
Content Required by Gerontology Institutional Programs.
(Percentage requiring course at given level.)

| Course types | All Levels | Associate Level | Bachelor's Level | Master's Level |
|---|---|---|---|---|
| Introduction to Social Gerontology | 51 | 75 | 68 | 39 |
| Psychology of Aging | 50 | 67 | 66 | 38 |
| Biology/Physiology of Aging | 42 | 57 | 50 | 36 |
| Sociology of Aging | 41 | 52 | 57 | 30 |
| Death and Dying | 26 | 43 | 41 | 17 |
| Counseling Older People | 24 | 38 | 22 | 29 |
| Health and Diseases of Aging | 24 | 35 | 23 | 24 |
| Public Policy for Aged | 23 | 22 | 21 | 36 |
| Research Methods | 26 | 5 | 19 | 55 |
| Health Care and Services | 21 | 32 | 21 | 24 |
| Nutrition and Aging | 22 | 41 | 28 | 13 |
| Community Programs for the Aging | 17 | 24 | 19 | 19 |
| Administration of Programs | 14 | 21 | 17 | 16 |
| Mental Health and Illness | 18 | 35 | 16 | 18 |
| Statistics | 18 | 0 | 16 | 26 |
| Program Planning and Evaluation | 12 | 14 | 15 | 15 |
| Marital and Family Relations | 15 | 13 | 25 | 12 |
| Economics of Aging | 10 | 5 | 10 | 13 |
| | N=370* | N=63 | N=77 | N=156 |

* Other levels of instruction, e.g. Continuing Education, Doctorate, MD, and Post Doctorate, are included with Associate, Bachelor's and Master's.

Table 26.
Content Requirements by Level and Credential.
(Percentage requiring course at given level and credential.)

| | Certificate in | | | Degree in | | |
|---|---|---|---|---|---|---|
| redential | Associate | Bachelors | Masters | Associate | Bachelors | Masters |
| ontent | | | | | | |
| Introduction to Social Gerontology | 73 | 64 | 46 | 85 | 88 | 36 |
| Psychology of Aging | 77 | 53 | 39 | 69 | 79 | 55 |
| Biology/ Physiology of Aging | 50 | 44 | 34 | 69 | 67 | 50 |
| Sociology of Aging | 50 | 48 | 42 | 62 | 67 | 55 |
| Death and Dying | 32 | 26 | 18 | 54 | 52 | 18 |
| Counseling the Elderly | 41 | 18 | 31 | 31 | 39 | 32 |
| Health and Diseases of Aging | 27 | 16 | 23 | 31 | 24 | 50 |
| | N=22 | N=93 | N=83 | N=13 | N=33 | N=22 |
| eans of the ercentages of he four core ourses | 62.5 | 52.3 | 40.3 | 71.3 | 75.3 | 49.0 |

indicating that the degree programs were somewhat more likely to require content on Social Gerontology, Psychology of Aging, Biology/Physiology of Aging, and Sociology of Aging than were certificate programs.

Conclusion. It was surprising that the percent of programs which required the core gerontology courses was so low. Although 50% or 60% may not seem low, previous studies (Peterson, 1984; Van Orman, 1984) reported higher levels of content consistency. Those studies dealt with degree programs or AGHE members while the data reported in Table 25 are for all credentials and institutions. However, the consistency at the master's level is particularly low and surprising since this is the same sample that Peterson surveyed in 1984.

Social Gerontology courses were the most widely required. They typically include an overview of the biological, psychological, and social aspects of aging, and so are in some sense a duplication of the three other core courses. However, the percent of programs requiring psychology and sociology of aging was virtually the same whether or not social gerontology was required. Interestingly, when social gerontology was required, biology of aging was required in 54% of the programs; when social gerontology was not required, biology of aging was only required in 37% of the programs. Thus, whether Social Gerontology is used as an introductory overview or as the total attempt to cover this content is unclear from the present analysis.

There appears to be only modest differences between the gerontology degree and the certificate. Most of the programs offering these credentials require most of the core content although the requirements are lowest at the master's level. The differences between these two credentials is not currently clear and could benefit from study by AGHE's Standards Committee.

The data indicated that the core gerontology courses--Social Gerontology, Psychology of Aging, Biology of Aging, and Sociology of Aging--are being offered at all levels of instruction. This means that students moving from an associate level program to a bachelor's level, or from a bachelor's level to a master's level are likely to find that the content includes substantial repetition. Although the depth may be greater and the orientation somewhat different, it may not be perceived to be so, and the student may feel that the same content is being covered. A great deal of thought and attention will be needed in this area if program articulation and a ladder concept of curriculum is to be created in the near future.

Several content areas that would appear to be of great value to students learning about gerontology were not widely required. For instance, only 10% of the programs required a course in the

Economics of Aging, 22% required Nutrition, and 23% required Public Policy and Aging. These relatively low percentages of requirement indicate that the study of gerontology is still focused on the disciplinary aspects rather than the professional and applied content. Although most respondents indicated that their purpose was to prepare students for employment in the field, required course content remains closely tied to the core disciplines with relatively little emphasis on skills, programs, and policies for the aged.

## 12. Gerontology Program Students and Alumni

Gerontology instructional programs tend to be fairly small. and this size was reflected in the limited number of students who received gerontology credentials. The mean number of certificate graduates from programs at all levels was 42, and the mean number of degree graduates was 30. Respondents were asked to indicate the number of students who had graduated in each of the past five years. The total number of graduates was 2,823 in 1981, and that number increased to 4,614 in 1985 (Table 27). These data show a consistent increase in the annual number of gerontology program graduates, but they also indicate that a relatively small number of graduates are being produced.

When the number of full and part-time students for the 1985-86 year is compared with the number of graduates, it is clear that approximately twice as many students were enrolled as have been graduating annually indicating a probable increase in the number of graduates in the future. This anticipated growth trend is also shown in the respondents' predictions of the number of full and part-time students who were anticipated to be enrolled during the 1987-88 year. The predictions were generally optimistic and indicated expected future enrollment at a somewhat higher level. Although not shown in the tables presented, the number of graduates, present students, and future students showed the same growth trend for each credential, e.g. concentrations, emphases, majors, minors, and specializations.

Because there were more gerontology certificate programs than degree programs, they have produced substantially more graduates (Table 27). However, as Table 28 indicates, the mean annual number of certificate graduates per program is also higher than the mean annual degree graduates per program.

For certificate programs, the master's level programs have produced the highest mean number of graduates in the past, but the gap seems to be closing and estimates of future master's level certificate students are higher than either the bachelor's or associate level. For degree programs, bachelor's level programs have produced the highest mean number of graduates and were expected to do so in the future.

Table 29 shows the total number of programs, the total number of students who graduated in 1985, who are now students, and who are expected to be students in the future. It indicates that although the number of students per program is greater at the associate level, the total number of recent and expected graduates is much higher at the bachelor's and master's level.

Conclusion. Respondents to the current survey indicated that the number of graduates of gerontology certificate and

Table 27.
Total Annual Gerontology Program Graduates and Students.

| | All Programs | Certificate | Gerontology Degree |
|---|---|---|---|
| Alumni | | | |
| 1981 | 1,402 | 970 | 184 |
| 1982 | 1,639 | 1,087 | 226 |
| 1983 | 2,068 | 1,330 | 258 |
| 1984 | 2,327 | 1,490 | 269 |
| 1985 | 3,096 | 1,982 | 339 |
| Current Students | 9,897 | 5,613 | 1,498 |
| Future Students | 12,785 | 6,935 | 1,977 |

Table 28.
Mean Annual Gerontology Program Graduates and Students.

| | Certificate | | | Gerontology Degree | | |
|---|---|---|---|---|---|---|
| | AA | BA | MA | AA | BA | MA |
| Alumni | | | | | | |
| 1981 | 3.2 | 2.5 | 4.5 | 0.3 | 1.9 | 5.7 |
| 1982 | 4.2 | 3.2 | 5.4 | 0.8 | 2.8 | 11.0 |
| 1983 | 4.9 | 2.9 | 6.3 | 1.6 | 3.6 | 11.0 |
| 1984 | 4.7 | 4.0 | 6.1 | 2.9 | 4.1 | 10.3 |
| 1985 | 6.9 | 7.5 | 7.1 | 3.7 | 6.2 | 8.7 |
| Current Students | 27.4 | 25.2 | 22.9 | 32.4 | 22.0 | 29.9 |
| Future Students | 36.6 | 29.1 | 33.8 | 32.6 | 35.7 | 40.5 |

Table 29.
Total Gerontology Graduates and Students.
(N=actual number of programs used in calculations)

| | Total Programs | 1985 Graduates | Present Students | Future Students |
|---|---|---|---|---|
| **Certificate** | | | | |
| AA | 22 (N=14) | 125 | 548 | 695 |
| BA | 80 (N=80) | 559 | 1,843 | 2,007 |
| MA | 83 (N=67) | 461 | 1,609 | 2,301 |
| Total | 185 | 1,145 | 4,000 | 5,003 |
| **Gerontology Degree** | | | | |
| AA | 14 (N=9) | 33 | 356 | 359 |
| BA | 32 (N=22) | 143 | 573 | 929 |
| MA | 21 (N=19) | 163 | 569 | 689 |
| Total | 53 | 306 | 1,498 | 1,977 |

degree programs have increased annually over the past five years and are expected to continue to grow in the future. However, the total of 4,614 graduates at all levels and with all credentials for the year 1985 is not high when it is considered that approximately 1.8 million students complete college degrees each year. Even if all of these gerontology graduates sought employment in the field of aging, their numbers would be very modest.

The number of students increased from 1981 graduates to 1985 graduates to present students to future students for each level and each credential, except for the bachelor's level certificate. It is impressive that the respondents were so consistent in their reports of past and future growth of the number of students. It is a surprise, however, to find that the predicted number of bachelor's level certificate students is expected to substantially decline in the future. The data provide no explanation of this expected decline; apparently the respondents were not as optimistic regarding this level of credential as they were for the others.

## 13. Services and Resources Offered

In addition to regularly offering gerontology credit instruction, many of the campuses indicated that their faculty and staff were involved in other activities related to the field of gerontology. Questions were asked about three areas: curriculum and scheduling, additional services provided to students, and special services for older students.

Curriculum and Scheduling. The curricular and scheduling adaptations indicate the curricular emphasis and involved both credit and non-credit offerings. The number and percent of gerontology programs which reported offering the specific activities are listed below:

Table 30.
Curricular Adjustments Offered.

| | Number | Percent |
|---|---|---|
| Offering summer courses for credit | 273 | 60% |
| Offering evening courses for credit | 311 | 68% |
| Offering workshops for credit | 145 | 32% |
| Offering professional continuing education courses | 211 | 46% |
| Offering credit courses away from campus | 128 | 28% |
| Offering summer courses for non-credit | 49 | 9% |
| Offering non-credit workshops | 143 | 31% |
| Offering conferences | 186 | 40% |

Services to students. Many campuses were involved in the development of instructional and training materials which related to their gerontology education program. Campuses reported the following amount of involvement in five areas:

Table 31.
Instructional Materials Developed.

| | Number | Percent |
|---|---|---|
| Development of Audio-visual materials | 184 | 43% |
| Development of training materials | 176 | 40% |
| Provision of technical assistance or training to community organizations | 317 | 72% |
| Publications of materials | 156 | 36% |
| Conduct of research | 304 | 69% |

Services to older people. Likewise, many campuses offered special considerations and services to older people in addition to their gerontology instruction. The number and percentage of campuses reporting these activities was as follows:

Table 32.
Services Offered to Older Learners.

| | Number | Percent |
|---|---|---|
| Reduced tuition | 222 | 56% |
| Offers Elderhostel | 184 | 46% |
| Allows seniors to audit courses | 249 | 62% |
| Offers courses especially designed for older people | 88 | 22% |
| Offers counseling for older persons | 139 | 35% |
| Offers other services to older persons | 57 | 14% |

## 14. Administration on Aging Support of Gerontology Training

Although it is clear that gerontology instruction in American institutions of higher education has grown rapidly over the past 20 years, it is unclear what part government training grants have played in this development. This funding is credited with both facilitating the establishment and growth of instructional programs and with destroying them, when the federal support terminates.

Several federal government agencies provide gerontology and geriatrics training grants to institutions of higher education, for instance, the National Institute of Mental Health, the National Institute on Aging, and the Health Resources and Services Administration, but the U.S. Administration on Aging (AoA) has the primary charge for developing manpower for the field of aging and has pursued that role for the past 20 years.

AoA training support programs were mandated in the original Older Americans Act, passed in 1965. The first awards were made in 1967 and since that time approximately 250 community colleges, colleges, and universities have received funds to support faculty, students, curriculum development, instructional materials, travel, and audio visual materials. Craig (1981) has provided an excellent history of this training grant support and the changing emphases which have occurred over the years. He reported that nearly $100,000,000 has been distributed, generally in grants of one to three year duration, and that by 1980 as many as 12,000 students had participated in the instructional programs, 5,000 of whom had received some financial support.

Most of the grants were awarded to individual institutions, although some consortia were successful in competing for funds. Institutions which have consistently received support over the 20 year period were reported to have a larger student body and to be more likely to offer graduate instruction. Craig (1981) concluded that the grants achieved a reasonably good geographic distribution, but planning grants to small schools and consortia awards have tended not to achieve lasting results. He suggested that continuing funding would be necessary in order to maintain programs at small institutions or to keep consortia viable.

Receipt of Training Grants. Of 2,220 responding campuses, only 123 (4%) had ever received AoA training grant support. As Craig (1981) had previously reported, campuses which offered higher degrees were the most likely to have received these grants, although the percentage of doctoral offering campuses receiving AoA support only reached 16% (Table 33). However, 60% (92) of the campuses which received an AoA grant and responded to this survey offered the Ph.D. as their highest degree while only 10% had the bachelor's or associate degree as the highest

Table 33.
Receipt of Administration on Aging Training Grants by Highest Degree Offered.

| Highest Degree | Received Aoa Grants: Received | Not Received | |
|---|---|---|---|
| Associate | 13<br>1.2% | 1069<br>98.8% | 1086<br>100% |
| Baccalaureate | 12<br>1.8% | 642<br>98.2% | 654<br>100% |
| Graduate/ Masters | 23<br>3.1% | 713<br>96.1% | 736<br>100% |
| Doctorate | 74<br>16.2% | 384<br>83.8% | 458<br>100% |
| Missing | 1<br>1.1% | 88<br>98.9% | 89<br>100% |
| | 123<br>4.1% | 2896<br>95.9% | 3019<br>100% |

credential. This does not mean that the gerontology instruction was offered at the doctoral level, but only that Ph.D. instruction was available on the campus.

This study also confirmed Craig's conclusion that AoA has supported larger campuses. Only 23 (19%) of the AoA training grants went to small campuses while 66 (43%) went to larger campuses (Table 34). Overall, more than one-half of all AoA training grants went to campuses with more than 10,000 students, although these campuses comprise less than 12% of the total institutions of higher education.

Current Gerontology Instruction. Of the 2,220 responding campuses, 1,155 (52%) regularly offered at least one credit course in gerontology or geriatrics. Ninety-six percent of these had never received AoA training support, and those that had, tended to be larger institutions which offered graduate instruction. Campuses which had ever received AoA training support were very likely to currently offer gerontology instruction. As Table 35 indicates, 94% reported currently doing so. This indicates that AoA funds have gone to campuses which continue a commitment to offer instruction in gerontology whether or not the grants have been terminated.

Of the total of 1849 campuses responding to the question regarding AoA training grant support, 218 programs indicated receiving such (Table 36). Interestingly, there was some discrepancy with the list of 148 respondents which AoA reported as receiving grants. A total of 218 campuses provided self-reports that they had previously received AoA training grant funds. This discrepancy probably resulted from differing definitions of AoA support. Between 1974 and 1983, a major source of training support was the State Education and Training Program, in which AoA provided funds to the State Units on Aging and encouraged them to support short-term training at academic institutions. Although these instructional endeavors did receive AoA training support, it would not be listed by AoA as a Title IV discretionary training project grant (Craig, 1986).

However, it is surprising that 9 of the AoA reported campuses indicated that they had not received such training support. This suggests a short institutional memory; probably leadership of the gerontology instructional program had changed, and the new leaders were unaware of a previous grant.

Since the discrepancy existed between self-reports and AoA reports on the receipt of training grants, the AoA reports were considered to be the most accurate and were used in the rest of this paper.

AoA support can also be examined for correlations with

Table 34.
Receipt of Administration on Aging Training Grants by Campus Enrollment.

| Enrollment | Received AoA Grants: Received | Not Received | |
|---|---|---|---|
| 1 to 1,000 | 10<br>1.1% | 909<br>98.9% | 919<br>100% |
| 1,001 to 2,500 | 13<br>1.6% | 777<br>98.4% | 790<br>100% |
| 2,501 to 5,000 | 17<br>3.9% | 421<br>96.1% | 438<br>100% |
| 5,001 to 10,000 | 16<br>4.2% | 368<br>95.8% | 384<br>100% |
| 10,001 to 20,000 | 29<br>11.9% | 214<br>88.1% | 243<br>100% |
| 20,001 and up | 37<br>30.8% | 81<br>69.2% | 118<br>100% |
| | 122<br>4.2% | 2770<br>95.8% | 2892<br>100% |

Table 35.
Receipt of Administration on Aging Training Grants by Current Availability of Gerontology Credit Courses.

| | Received AoA Grants | | |
|---|---|---|---|
| Offers Gerontology Credit Courses | Received | Not Received | |
| Offers | 99<br>94.3% | 1061<br>50.3% | 1160<br>52.4% |
| Doesn't Offer | 6<br>5.7% | 1049<br>49.7% | 1055<br>47.6% |
| | 105<br>100% | 2110<br>100% | 2215<br>100% |

Table 36.
Receipt of Administration on Aging Training Grants:
AoA Report and Self-Report.

| | AoA Report | | |
|---|---|---|---|
| Self Identified | Received | Not Received | |
| Recieved | 92<br>42.2% | 126<br>57.8% | 218<br>11.8% |
| Did Not Recieve | 9<br>0.6% | 1622<br>99.4% | 1631<br>88.2% |
| | 101<br>100% | 1748<br>100% | 1849<br>100% |

instructional programs, those which offer four or more credit courses in gerontology. Training grant support has gone primarily to gerontology instructional programs at the baccalaureate (57) and master's degree (53) level (Table 37). A very small number of the funded programs were at the associate degree (8) or Ph.D. level (12).

However, when a comparison between those gerontology instructional programs that have received AoA training support and those that have not were examined, a much higher number of non-funded programs were at the bachelor's (136) and associate (42) levels suggesting that AoA funds have supported nearly half of the master's level programs but less than 30% of the associate or bachelor's degree programs.

Program Funding. One concern in the past has been that instructional programs receiving federal grants would not be successful in acquiring financial support from their own institution. This did not seem to be the case with 571 (80%) of the 711 programs that responded to questions about their budget. Programs which had received AoA training support and still offered gerontology instruction reported that 68% of their current budget came from institutional sources and 17% from the federal government (Table 38). Those programs that had never received an AoA training grant reported receiving 80% of their budgets from institutional sources and seven percent from federal sources. For the entire population of gerontology instructional programs, federal support amounted to a mean of only 8% of the total budget while institutional support comprised 74%.

In comparison with Bolton, et al.'s 1978 report that 34% of gerontology programs' budgets came from federal sources, a significant decline in reliance on grants has occurred, and institutional replacement funds have been acquired in most cases. It seems clear that through the years AoA provided seed money for the initiation of programs; when this federal support was terminated, the programs were able to secure institutional funding to maintain themselves. Therefore, although federal funding has been drastically reduced in the past few years, the programs have become institutionalized.

Timing of Grants. AoA training support appears to have had its greatest impact in the years before 1981. As Graph 15 indicates, 45% of the programs begun before 1970 received training grants from AoA while only 10% of those established since 1981 have. This suggests that AoA's role was most important in the early years of program development. While some programs did not need federal support, many did, and used the training grants to build a financial base that has increased whether or not AoA training funds were continued.

The termination of federal funding seemed to have a greater

Table 37.
Receipt of Administration on Aging Training Grants by Level of Gerontology Program Offered.

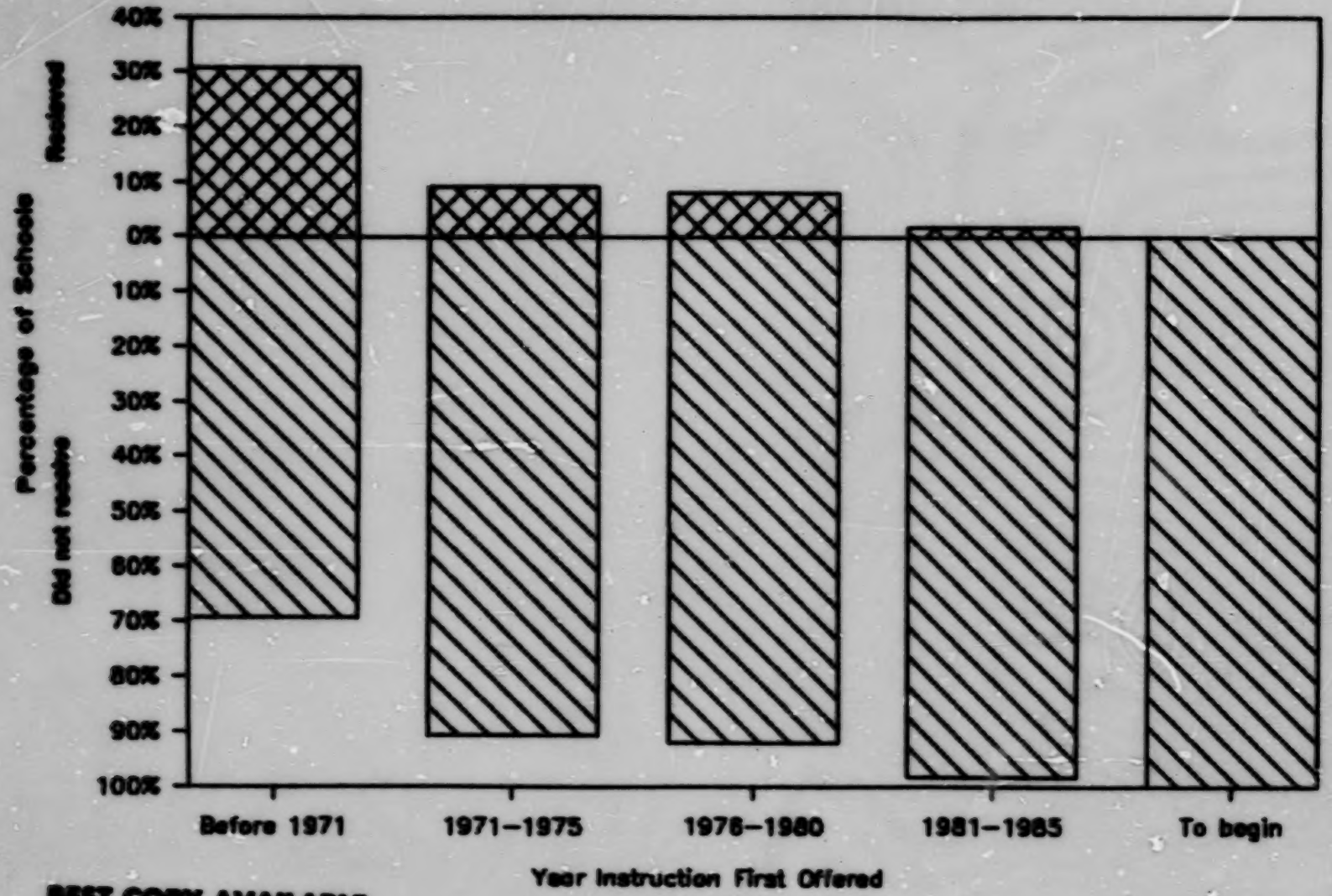
| Level of Program | Received AoA Grants: Received | Received AoA Grants: Not Received | |
|---|---|---|---|
| Associate | 8<br>5.8% | 42<br>15.1% | 50<br>12.0% |
| Continuing Education | 5<br>3.7% | 9<br>3.2% | 14<br>3.4% |
| Bachelors/ Undergraduate | 57<br>41.6% | 136<br>48.7% | 193<br>46.4% |
| Masters/ Graduate | 53<br>38.7% | 76<br>27.2% | 129<br>31.0% |
| Ph.D. | 12<br>8.8% | 7<br>2.5% | 19<br>4.6% |
| Medical Doctorate | 2<br>1.4% | 6<br>2.2% | 8<br>1.9% |
| Post-Doctorate | 0<br>0.0% | 3<br>1.1% | 3<br>0.7% |
| | 137<br>100% | 279<br>100% | 416<br>100% |

Table 38.
Receipt of Administration on Aging Training Grants by Mean Percentage of Budget Source. (N=number of cases)

| Budget Funding Source | Received AoA Grants: Received | Received AoA Grants: Not Received |
|---|---|---|
| Institutional Support | 68.0% | 80.0% |
| Federal Support | 17.0% | 7.2% |
| State Support | 3.5% | 2.0% |
| Private Support | 3.9% | 2.1% |
| Alumni Support | 1 3% | 1.3% |
| Fees | 1.0% | 1.8 |
| Other Sources | 3.2% | 2.6% |
| Total of Means | 97.9% N=124 | 97.0% N=300 |

## Graph 15

### Administration on Aging Training Grants by Year First Offered Gerontology Instruction

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negative impact in the earlier years than it has since 1981. For instance, of programs which had their AoA training support end in various years, the percentage of campuses which do not currently have a separate program of instruction is as follows: 1974 - 50%, 1978 - 46%, 1980 - 50%. Since then, the percentage without separate programs has declined to 1981 - 36%, 1982 - 28%, and 1983 - 40%. However, for 1984, the percentage increased to 45%. All of these campuses maintained at least four gerontology courses, but as can be seen in Table 39, from one third to one half did not have a separate program of instruction after the termination of AoA funding.

When campuses which offered at least four gerontology credit courses were asked whether or not they had a separately designated gerontology or geriatrics program of instruction, 278 did. Of campuses which had received AoA support, 56% had created such a program while 59% of campuses not receiving AoA support had done so. This indicates that AoA funding has resulted in the creation of a separate program of instruction in more than half of the cases, but that this has occurred without AoA funding in a similar percentage of situations (Table 40).

Programs which had received support from AoA were more likely to be named Centers (32%) than were those which had not received such funding. The non-funded programs were more likely to be called Programs (44%) or fall into the "Other" category (32%) indicating a somewhat lower level of organizational structure than is reflected in the title of Center (Table 41).

Graduates. Organized programs of instruction which had received AoA grants reported having had a larger number of gerontology graduates than have those which have not had such grants. For instance, approximately 20% of programs that have received AoA support had graduated more than 50 persons while only 13% of non-grant campuses have achieved that number of graduates. However, approximately the same number of grant receiving and non-grant campuses have had over 150 graduates (Table 42).

Since AoA has had a consistent concern for the occupational relevance of gerontology instruction, it is not surprising that 70% of the campuses which have received AoA support describe their curricula as occupationally oriented while 23% describe theirs as emphasizing general or scientific understanding of aging, and 7% describe theirs as having both emphases. However, it is surprising that 78% of the campuses which have not received AoA training grant support report an occupational emphasis with only 18% having a general or scientific outcome. This suggests that faculty curriculum planners on all campuses are aware of the importance of jobs to students and see gerontology instruction as preparation for employment. Receipt of AoA training grants has

Table 39.
Last Year of Receipt of Administration on Aging Training Grants by Placement of Gerontology/Geriatrics Programs.

| | Year AoA Grant Expired | | | | |
|---|---|---|---|---|---|
| Placement | 1979 to 1980 | 1981 to 1982 | 1983 to 1984 | No Funding | |
| Separate | 1<br>25.0% | 20<br>47.6% | 18<br>56.3% | 67<br>33.8% | 106<br>38.4% |
| Within a Department | 3<br>75.0% | 18<br>42.9% | 14<br>43.7% | 103<br>52.0% | 138<br>50.0% |
| Other- i.e. Joint | 0<br>0.0% | 4<br>9.5% | 0<br>0.0% | 28<br>14.1% | 32<br>11.6% |
| | 4<br>100% | 42<br>100% | 32<br>100% | 198<br>100% | 276<br>100% |

Table 40.
Receipt of Administration on Aging Training Grants by Type of Program.

| Gerontology Program | AoA Grants Received: Received | AoA Grants Received: Not Received | |
|---|---|---|---|
| Gerontology | 63<br>45.7% | 175<br>51.3% | 238<br>49.7% |
| Geriatrics | 9<br>6.5% | 17<br>5.0% | 26<br>5.4% |
| Neither | 60<br>43.5% | 141<br>41.3% | 201<br>42.0% |
| Both | 6<br>4.3% | 8<br>2.3% | 14<br>2.9% |
| | 138<br>100.0% | 341<br>100.0% | 479<br>100% |

Table 41.
Receipt of Administration on Aging Training Grants by Title of the Program.

| Program | Received AoA Grants: Received | Not Received | |
|---|---|---|---|
| Center | 24<br>31.8% | 21<br>10.6% | 45<br>16.2% |
| Committee | 2<br>2.6% | 3<br>1.5% | 5<br>1.8% |
| Department | 2<br>2.6% | 10<br>5.0% | 12<br>4.3% |
| Division | 4<br>5.1% | 6<br>3.0% | 10<br>3.6% |
| Institute | 4<br>5.1% | 9<br>4.5% | 13<br>4.7% |
| Program | 28<br>35.9% | 87<br>43.7% | 115<br>41.5% |
| Other | 14<br>17.9% | 63<br>31.7% | 77<br>27.8% |
| | 78<br>100% | 199<br>100% | 277<br>100% |

Table 42.
Receipt of Administration on Aging Training Grants by Total Number of Program Graduates.

| Number of Graduates | Received AoA Grants: Received | Received AoA Grants: Not Received | |
|---|---|---|---|
| None | 43<br>23.0% | 144<br>77.0% | 72<br>100% |
| 1 to 10 | 32<br>33.0% | 65<br>67.0% | 110<br>100% |
| 11 to 25 | 30<br>38.5% | 48<br>61.5% | 55<br>100% |
| 26 to 50 | 18<br>37.5% | 30<br>62.5% | 41<br>100% |
| 51 to 100 | 11<br>44.0% | 14<br>56.0% | 28<br>100% |
| 101 to 150 | 5<br>35.7% | 9<br>64.3% | 15<br>100% |
| 151 to 200 | 7<br>77.8% | 2<br>22.2% | 9<br>100% |
| 201 or more | 0<br>0.0% | 4<br>100.0% | 13<br>100% |
| | 113<br>32.9% | 230<br>67.1% | 343<br>100% |

not been the primary reason for this orientation.

Conclusions. Training grants from the Administration on Aging have been very visible for the past 20 years and have been eagerly sought by faculty of many gerontology instructional programs. These potential grants have doubtless been the impetus for the planning of some gerontology instruction, and many programs were initiated with this federal funding. The priorities and length of the funding have received some criticism over the years, but 92% of the campuses that have ever received AoA training support continue to offer at least one gerontology course, and nearly 80% offer a program of gerontology instruction long after the federal funding has terminated. The existence of many Institutes and Centers is evidence to the orientation which AoA has taken and the success of these programs in gaining a higher level of organizational structure within the institutional environment.

The existence of gerontology courses or programs is not the only outcome of AoA training grant support. Many grants included faculty training, curricular development, and continuing education. These doubtless upgraded the quality of instruction, aided other campuses in course development, and oriented current practitioners to this developing field. No specific data are available on the impact in these areas, but they should not be overlooked when considering the total effect of the training grants.

However, the data from this survey suggest that AoA training grants have not been the primary force in developing gerontology instruction. Most campuses which currently offer a program of gerontology instruction have never received any such support, and those that have seem only modestly larger or more stable than non-grant recipients. This has probably occurred because of the growing awareness of the demographic imperative, increasing faculty and student interest in the area, a rapid growth in gerontological literature, and increased support by foundations and other government agencies.

Most campuses have very limited federal funding for gerontology training, and few rely primarily on training grants to support the basic program. This is a substantial change from 1976 and reflects the commitment which individual campuses have made to gerontology instruction. It also means that AoA has been much more successful than previously reported in providing time-limited funding which is subsequently replaced with institutional dollars. The transition has been successfully completed in most cases and it reflects well upon both the federal agency and the institutions which now support their own gerontology instructional programs.

AoA funds were undoubtedly most important during the early

periods of program development, especially before 1980. There was less institutional interest in gerontology at that time because job lines were not clear and faculty expertise was frequently lacking. A higher percentage of programs received support then, but the majority of programs were still begun without AoA aid.

AoA funds are no longer sufficiently large to direct the whole gerontology instructional enterprise. Too many programs are underway in too many diverse areas for any one funding source to be a dominant influence. Rather, it seems appropriate that more precise targeting now take place, targeting that will encourage development of specific instructional areas. Since 1983, AoA has done this, but the targets have changed annually, and a long-range plan has yet to become clear. Some possible targets seem evident from the data of this study.

First, community colleges have developed gerontology instruction at a rate significantly slower than that of baccalaureate and master's degree institutions. Only 5% of the responding community colleges currently offer at least four gerontology courses as compared to 8% of four-year institutions 22% of master's granting campuses, and 45% of doctoral-granting institutions. Since the majority of the positions to serve older people in the future will be at the paraprofessional level, expansion of community college instruction in gerontology should be a major priority.

Second, greater targeting needs to be done in terms of bachelor's and master's level program support. There remain geographic areas and professional fields that are under-represented in gerontology instruction. However, comprehensive data that would inform such policy decisions are scarce and are only occasionally used to target areas where instruction would be particularly important. More data are needed and their use is extremely important in future funding decisions.

Third, the greatest long term value results from the continuation of gerontology instruction after the completion of federal funding. In order to enhance the likelihood of this occurring, individual grantees should be aided to build on the internal support system and to assure that campus administration is supportive of the programs that are initiated with federal dollars. By providing some technical assistance and encouragement, the long-term viability of programs could be enhanced and their integration within the campus environment insured.

## 15. Typical Program

In order to provide some additional insight into the typical gerontology instructional program in American institutions of higher education, this section will use the mean response to many of the study questions to provide a generalized description of "a typical program." This composite does not represent any particular program, nor should it be assumed to be the most common description of the programs received. Rather, when the mean response to a number of questions are combined, the following picture of a gerontology instructional program results.

The typical gerontology program is located on the campus of a public institution with a total student body of between 10,000 and 20,000. The campus offers undergraduate and graduate instruction, at least at the master's degree level and frequently including some doctoral programs.

The gerontology organizational unit is called a Gerontology Program; it came into existence in 1980 and has never received any AoA training grant support. It is headed by an administrator with the title of Director who reports to a Dean. The Program has separate organizational status, i.e. it is not located within a department but is free standing. The Program has a very limited budget, totaling only a little over $10,000 annually. At least three quarters of this comes from institutional resources, but small amounts are received from grants, gifts, and other sources. The funds are used to cover support staff and to occasionally to pay faculty for teaching courses.

The Program offers credit courses which lead to the award of a Certificate in Aging at the bachelor's and graduate levels. The Certificate requires 28 credit hours to complete. Twelve of these are required gerontology courses, 6 are gerontology electives, 4 are field work, and 6 are non-gerontology courses. Required courses include Introduction to Social Gerontology, Psychology of Aging, Sociology of Aging, and Biology of Aging. Research methods is required at the graduate level.

It involves eleven faculty members counting both full- and part-time instructors. The typical faculty member is 40 years of age, holds the Ph.D., is earning between $30,000 and $35,000 annually, and has been involved in college teaching for 13 years. Although this faculty member has had no formal preparation in gerontology, he has published 10 articles in the area. Each year he teaches one or two gerontology courses and three courses in some other area.

A total of 390 students have ever enrolled in a gerontology credit course and 240 have completed a non-credit workshop. There are currently 26 students enrolled in the Certificate Program, with 7 having graduated in 1985. The number of

graduates has increased by one annually, and this growth trend is expected to continue in the future.

## 16. Conclusions and Recommendations

Teaching about the processes and problems of aging, referred to in this report as gerontology instruction, has become very widespread within American institutions of higher education. Approximately 1325 campuses (44% of the total in this nation) offer this instruction on a regular basis, and the number of campuses involved continues to grow.

However, there have been few major surveys of gerontology instruction which provide comprehensive descriptions of this growth. This study is a major step toward the provision of this information. On the one hand, the data confirm some developments that were already generally recognized, but for which there was little empirical evidence. For instance, the number of colleges and universities offering gerontology instruction had grown, but the extent of that growth was not known.

On the other hand, some of the data conflicts with previous knowledge and suggests caution in making assumptions about the field and current trends. For instance, it was surprising, at least to the author, that there was not greater agreement on the gerontology courses that were required. No course was required by as much as 60% of the programs, suggesting that a good deal of variability still exists in gerontology curricula.

Perhaps more important than either the confirmation or rejection of current knowledge is the added insight that comes from a study of this sort. The most obvious conclusion is that the situation is much more complex than had previously been reported. As an example that has been discussed throughout the report, the data clearly show that campuses offering the associate or bachelor's as their highest degree are much less likely than campuses offering graduate instruction to include gerontology course work. However, since the vast majority of campuses offer only undergraduate course work, much of the gerontology instruction is being conducted on these campuses. They are both under-represented and offer the majority of the instruction.

That type of insight into the complexity of the situation suggests the value of data collection and analysis, that we tend to simplify in order to understand and communicate, but in doing so, we obscure some of the richness and variability that exists. The literature of gerontology instruction is fairly large, but little of it is based on primary data and what is, has been limited to small, local samples rather than a comprehensive approach.

Probably one reason for this has been the reluctance of federal agencies to fund this kind of research. There are so

many other pressing priorities that the collection of information on gerontology instruction and manpower development has been a neglected area. This is disappointing because such rapid development needs to be accurately reported and norms need to be promulgated for the new and growing programs of instruction.

Much information and insight remains to be generated on gerontology instruction as well as in the associated areas of manpower supply and demand, employment experience, and faculty development. Research in these areas is currently being undertaken or has been proposed by institutions of higher education in conjunction with AGHE.

It is recommended that a coordinated, phased research plan be implemented to systematically collect data on (1) changes in gerontology instruction, (2) employment experiences of graduates of gerontology instructional programs, (3) assessment of the level of knowledge and skill of current practitioners in the field of aging, (4) future supply and demand for personnel in the field of aging, and (5) trends in faculty development and involvement in gerontology instruction.

It is suggested that the approach to be used should deal primarily with professional fields rather than with such alternatives as agencies which employ aging personnel or the percentage of time that the practitioner works with older people. Since AGHE's primary interest is in instruction, it is appropriate to concentrate on professions since entry is usually preceded by an educational program of significant length.

The professions to be examined will be ones that require pre-service education and that restrict entry by licensure, certification, or organizational membership. This will mean that health-related professions are emphasized, but the studies will not be limited to the health professions. The boundaries of many occupational roles in the field of aging are so open that it is impossible to gain a reasonable grasp of the situation, e.g. an operational definition for a case manager is currently open to much debate. However, the more established professions have clearer boundaries making it easier to identify persons who are working in the field. Thus, AGHE proposes to begin by focusing on those occupational roles which are the most clearly defined in current practice or are rapidly emerging.

To successfully carry out this future research, it will be necessary to gain the cooperation of the research staffs of national professional organizations and federal agencies. AGHE has already established formal liaison with several national organizations and has recommended a consortium arrangement with several federal government agencies.

Recommendations. It is suggested that the following steps be undertaken as a means of gaining greater insight into trends in gerontology instruction and the personnel situation of professionals working with older people:

(1) Surveys of the extent and comparability of gerontology instruction need to be updated regularly in order to understand current and future trends. Data from Bolton et al.'s 1978 study provided baseline data which was referred to in this study, but regular future studies will be needed also. It is recommended that a comprehensive survey of gerontology instruction be undertaken every five years in order to determine trends and to assess the extent of curriculum and organizational consistency. This regular data collection would update the newly established data base, expand information about various aspects of the curriculum, and provide case histories of program development on various campuses.

(2) It is also important to know more about the employment experience of those persons who complete gerontology instructional programs. A preliminary studies by Peterson (1984) and a current study by Connelly at the University of Utah will provide baseline data, but as the field develops it will be necessary to have increasingly specific data on personnel from different professions, at different levels, and in different geographic areas.

(3) Data on the quality of preparation of gerontological professionals will be needed. Good understanding of the academic and practice background of current practitioners in the field of aging will be needed in order to assess their quality and to determine whether the current cohort of service providers is sufficiently trained or if continuing education is needed to reach an appropriate level of understanding of gerontology knowledge and skills.

(4) It will become increasingly important to understand the supply and demand situation of aging professionals in many occupational fields. Aging specialists in various professions may be experiencing a much different pattern of employment experience and future projections of the supply of professionals and the demand for their services will be crucial to recommendations for the expansion or contraction of instructional programs in the various areas of aging.

(5) Much more needs to be known about the faculty who are involved in gerontology instruction. The preliminary data reported in this study indicate that less than half have any formal preparation in gerontology. Much more will need to be done in faculty development and some means of monitoring the quality of our faculty will be necessary if we are to achieve the status and respect that the field needs and deserves.

This plan is sufficiently ambitious so that it will need to be undertaken in stages. However, by a consistent attempt to collect and integrate data on these five areas, it will be possible, over time, to gain much more insight into the current state of the field and to develop reasonable plans for its orderly development in the future.

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## APPENDICES

I. Questionnaire One - "Gerontology Program Identification"

II. Questionnaire Two - "Description of Gerontology/Geriatrics Instruction: Institution Questionnaire"

III. Questionnaire Three - "Gerontology/Geriatrics Instruction: Faculty Questionnaire"

Association for Gerontology in Higher Education
600 Maryland Avenue, S.W. • West Wing 204 • Washington, D.C. 20024
(202) 484-7505

## GERONTOLOGY PROGRAM IDENTIFICATION

The Association for Gerontology in Higher Education is attempting to compile a comprehensive listing of gerontology and geriatrics instruction in institutions of higher education. In this survey, we are interested in both credit and non-credit instruction. Would you help by providing information about programs on your campus?

1. NAME OF YOUR INSTITUTION _____

2. NAME OF YOUR CAMPUS _____

3. ARE CREDIT COURSES WITH CONTENT PRIMARILY IN GERONTOLOGY OR GERIATRICS OFFERED BY ANY DEPARTMENT OR SCHOOL ON YOUR CAMPUS?

   _____ YES; _____ NO

4. APPROXIMATELY HOW MANY DIFFERENT CREDIT COURSES IN GERONTOLOGY OR GERIATRICS WERE OFFERED ON YOUR CAMPUS IN THE LAST YEAR?

   _____

5. IN WHAT YEAR WERE GERONTOLOGY OR GERIATRICS CREDIT COURSES FIRST OFFERED ON YOUR CAMPUS?

   _____

6. APPROXIMATELY HOW MANY UNDUPLICATED STUDENTS HAVE EVER COMPLETED AT LEAST ONE CREDIT COURSE IN GERONTOLOGY OR GERIATRICS ON YOUR CAMPUS?

   _____

7. APPROXIMATELY HOW MANY DIFFERENT FACULTY MEMBERS ARE INVOLVED IN TEACHING GERONTOLOGY AND GERIATRICS COURSES ON YOUR CAMPUS?

   _____

8. IS NON-CREDIT INSTRUCTION IN GERONTOLOGY OR GERIATRICS REGULARLY OFFERED (EACH SEMESTER) ON YOUR CAMPUS?

   _____ YES; _____ NO

PLEASE CONTINUE ON REVERSE SIDE OF PAGE

9. APPROXIMATELY HOW MANY STUDENTS HAVE EVER COMPLETED NON-CREDIT COURSES/WORKSHOPS IN GERONTOLOGY OR GERIATRICS ON YOUR CAMPUS?

_____

10. ARE ANY EDUCATIONAL OPPORTUNITIES (CREDIT, NON-CREDIT) PRIMARILY FOR OLDER PERSONS OFFERED ON YOUR CAMPUS?

_____ YES; _____ NO

11. IF YES, PLEASE PROVIDE US WITH THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE BEST CONTACT PERSON:

CONTACT PERSON _____

DEPARTMENT NAME _____

ADDRESS _____

CITY, STATE _____ ZIP _____

PHONE NUMBER (_____) _____

12. IS THERE AT LEAST ONE "ACADEMIC UNIT" WHICH OFFERS OR COORDINATES A PROGRAM OF GERONTOLOGY OR GERIATRICS INSTRUCTION ON YOUR CAMPUS? (THIS UNIT COULD BE A CAMPUS-WIDE COMMITTEE, A CENTER, A DEPARTMENT, A SCHOOL, OR SOME SIMILAR ORGANIZATION.)

_____ YES; _____ NO

13. HAVE ACADEMIC UNITS ON YOUR CAMPUS EVER RECEIVED TRAINING FUNDS FROM THE U.S. ADMINISTRATION ON AGING (AOA)?

_____ YES; _____ NO

14. PLEASE PROVIDE INFORMATION ON EACH "ACADEMIC UNIT" ON YOUR CAMPUS WHICH OFFERS OR COORDINATES GERONTOLOGY OR GERIATRICS INSTRUCTION.

ACADEMIC UNIT 1

CONTACT PERSON _____

DEPARTMENT NAME _____

ADDRESS _____

PHONE NUMBER _____

PLEASE CONTINUE ON NEXT PAGE

ACADEMIC UNIT 2

CONTACT PERSON _____

DEPARTMENT NAME _____

ADDRESS _____

PHONE NUMBER _____

ACADEMIC UNIT 3

CONTACT PERSON _____

DEPARTMENT NAME _____

ADDRESS _____

PHONE NUMBER _____

ACADEMIC UNIT 4

CONTACT PERSON _____

DEPARTMENT NAME _____

ADDRESS _____

PHONE NUMBER _____

ACADEMIC UNIT 5

CONTACT PERSON _____

DEPARTMENT NAME _____

ADDRESS _____

PHONE NUMBER _____

(If there are more than five academic units that offer programs of gerontology or geriatrics instruction on your campus, please list additional ones on a separate sheet of paper.)

PLEASE CONTINUE ON REVERSE SIDE OF PAGE

Personal Information:

15. YOUR NAME _____

16. YOUR TITLE _____

17. YOUR CITY _____ STATE _____ ZIP _____

18. YOUR PHONE NUMBER (____) _____

Thank you for your help. Please return this questionnaire to:

Dr. David A. Peterson
Andrus Gerontology Center
University of Southern California
University Park MC 0191
Los Angeles, CA 90089

# Association for Gerontology in Higher Education

## Description of Gerontology/Geriatrics Instruction: Institution Questionnaire

1. Institution Name _____
2. Campus Name _____
3. Mailing Address _____
4. City, State, and ZIP _____
5. Your Name _____
6. Your Title _____
7. Which one response best describes your institution?

___ Single Campus
___ Main Campus, with Branches
___ Multi-campus System
___ Main Campus and Clinical/Practice Settings
___ Other: Please Describe _____

## Academic Unit Organizational Structure

We would like to know about the organizational structure of gerontology and geriatrics instruction on your campus. This refers to the "Academic Unit" in which gerontology instruction is housed. (For instance, a department, center, school, committee, etc.) We have mailed a copy of this questionnaire to each "Academic Unit" that offers gerontology instruction that we could identify in your institution.

8. Is your academic unit a gerontology or geriatrics program (e.g. Gerontology Center, Interdepartmental Committee on Aging, Division on Aging, etc.)?

____ Yes, gerontology program
____ Yes, geriatrics program

____ No (If no, please skip to question 14)

9. If yes, what is its name?

_____

10. What is the administrative title of the head of your gerontology/ geriatrics program?

_____

11. To whom does the administrative head of your gerontology/ geriatrics program report?

_____

12. What is the organizational placement of your gerontology/geriatrics program?

___ A separate organizational unit (department, center, school, etc.)
___ Within a department
___ Other. Please specify: _____

13. What authority does the gerontology/geriatrics program have? (Check all that apply.)

___ To coordinate credit courses or practice experience offered by other departments
___ To offer credit courses or practice experience of its own
___ To offer a credential in gerontology/geriatrics (degree, certificate, specialization, etc.)
___ To pay salary to faculty for teaching gerontology/geriatrics course(s)
___ To provide tenure lines in gerontology/geriatrics
___ To administer its own budget separate from other departments

14. If the academic unit you are reporting for is not a gerontology/geriatrics program, what is the name of the academic unit (School of Nursing, Sociology Department, Human Services Division, etc.)?

_____

15. Are any of the following types of gerontology/geriatrics instruction offered by the academic unit you are reporting for? Please check all that are offered at least annually.

___ Summer courses for credit
___ Evening courses for credit
___ Workshops for credit
___ Professional continuing education courses
___ Credit courses offered away from campus
___ Other credit; please explain _____
___ Summer courses for non-credit
___ Non-credit workshops
___ Conferences
___ Other non-credit; please explain _____

16. What is the total 1985-86 operating budget of your gerontology/geriatrics program?

$ _____

17. Approximately what percentage of the funding for your gerontology/geriatrics instruction comes from each of the following sources?

___ % Institutional support ("hard money")
___ % Federal support (grants, contracts, etc.)
___ % State support (grants, contracts, etc.) other than direct support to the institution
___ % Private grants, contracts
___ % Alumni funds, donations, gifts, endowment, etc.
___ % Fees from workshops, conferences, etc.
___ % Other: Please explain _____

18. How many faculty and administrators appointments are paid by your academic unit to teach gerontology or geriatrics?

___ Full time administrators
___ Part time administrators
___ Full time faculty who are full time in gerontology/geriatrics
___ Full time faculty who are part time in gerontology/geriatrics
___ Part time faculty

19. How many faculty are associated with (including those paid by) your gerontology/geriatrics program (i.e., have appointments, teach courses, supervise trainees, etc.)?

___ Full time faculty who are full time in gerontology/geriatrics
___ Full time faculty who are part time in gerontology/geriatrics
___ Part time faculty

20. What is the name of the individual who is currently the head of your gerontology/geriatrics program?

_____

21. Please list the name and department of faculty members who are associated with your gerontology/geriatrics program. (If there are more than 12, use an additional sheet of paper.)

| Name | Department | Name | Department |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

22. How many students/trainees in your gerontology/geriatrics instructional programs are age 60 or older?

_____ (number of students/trainees)

23. What kinds of financial aid are currently available to students/trainees in your gerontology/geriatrics instructional programs? Please check all that are available.

___ General institutional aid
___ General government aid
___ Administration on Aging student aid
___ Other federal government gerontology student aid
___ Private, gift, or foundation student aid
___ Stipends from clinical institutions
___ Other; Please specify: _____
___ None.

24. Are modifications made in the requirements of your gerontology/geriatrics instructional programs for students with extensive, previous work experience?

___ Yes; ___ No. If yes, what kinds? _____

_____

25. Are modifications made in the requirements of your instructional programs for students with previous gerontology course work?

___ Yes; ___ No. If yes, what kinds? _____

_____

## General

26. Are there any changes planned in your gerontology/geriatrics curriculum within the next 3 years?

___ Yes; ___ No. If yes, what changes? _____

_____

_____

_____

27. What other resources/services does your institution offer in the areas of gerontology/geriatrics? Please check all that apply.

___ Development of AV materials
___ Development of training materials
___ Technical assistance/consultation/training to community organizations
___ Publication of materials
___ Conduct of research
___ Job placement services for graduates
___ Other, please describe _____

_____

28. What special opportunities for participation by older persons does your institution provide? Please check all that apply.

___ Reduced tuition
___ Elderhostel
___ Audit of credit courses
___ Courses specifically designed for older learners
___ Counseling of older adults
___ Other direct services
___ Other, please describe _____

_____

29. Do you have access to computer equipment so that you could use an on-line data base to communicate with AGHE through an electronic bulletin board?

_____ Yes; _____ No; _____ Expect to in the near future

30. At a later date, we would like to survey graduates of gerontology/geriatrics instructional programs about their employment experience and their perception of the curriculum they completed. Have you collected data on your graduates' experience in the employment market?

_____ Yes; _____ No.

31. Would you provide a listing of the names and addresses of your graduates for this type of study? (A university attorney has advised us that this is not a breach of the privacy act.)

_____ Yes; _____ No. If no, why not? _____

_____

32. Please provide a brief narrative overview of your gerontology/geriatrics instructional activities that could be used as a general description of your program.

_____

_____

_____

_____

_____

_____

33a. How many organized programs of instruction in gerontology/geriatrics are offered by your academic unit? (e.g. - 2, a minor at the bachelor's level, and a certificate at the master's level.)

_____ (number of programs)

33b. If there are any other units on your campus offering gerontology/geriatric instruction and not identified on the cover letter, could you please list them?

| Name | Department |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please describe EACH program of instruction (degree, certificate, minor, major, specialization, concentration, etc.) offered by your academic unit. Space is provided for three separate programs of study. Please photocopy extra sets of these pages and supply the same information on additional programs of instruction.

## Program of Instruction - A

Answer the following questions for the first gerontology/geriatrics program offered. Describe other programs in questions 34b-51b, 34c-51c, etc.

**34a.** What is the name of this organized program of instruction, at what level, and in connection with what discipline/profession is it offered? (e.g. certificate in aging, AA level, in human services; major in gerontology, BS level, by the gerontology department; concentration in adulthood and aging, Ph.D. level, through psychology department).

Program _____ Level _____ Discipline/Profession _____

**35a.** Is a credential (degree, certificate, etc.) awarded at the completion of the program of study?

____ Yes
____ No

**36a.** If a credential is awarded, what is it called?

_____

**37a.** If a credential is awarded, is it noted on the student's/trainee's transcript?

____ Yes
____ No

**38a.** Approximately, how many students/trainees have completed this instructional program?

____ Total number of students/trainees who have completed this program

____ Graduates in 1984-85
____ Graduates in 1983-84
____ Graduates in 1982-83
____ Graduates in 1981-82
____ Graduates in 1980-81

**39a.** Approximately how many unduplicated students/trainees are enrolled in this instructional program during the 1985-86 academic year?

____ Full time students/trainees

____ Part time students/trainees

____ Audit students/trainees

40a. How many unduplicated students/trainees would you anticipate will be enrolled in this instruction program in two years (1987-88)?

____ Full time students/trainees

____ Part time students/trainees

____ Audit students/trainees

41a. What year was this instructional program first implemented? 19____

42a. Is this instructional program free standing (able to be completed apart from a larger degree or recognized training program); is it taken in conjunction with a degree (such as a concentration within a Master of Science degree); or can it be taken either way?

____ Free standing
____ Attached to a larger degree or training program
____ Either way

43a. If it is attached to another degree(s), or training program, what degree or program is it?

_____

44a. If it is attached to another degree(s), or training program, what department(s) or academic unit(s) offer this program?

_____

45a. What are the special prerequisites (if any) for students/trainees entering this gerontology instructional program? (Check all that apply.)

____ None
____ A previous degree in gerontology/geriatrics
____ Previous course work or training in gerontology/geriatrics;
How much? _____
____ Employment experience in the field of aging
____ Any employment experience
____ Previous basic professional/academic education
____ Other; please specify _____

_____

_____

46a. What are the total credit/training hour requirements of this instructional program?

_____

47a. Are these credits in semester hours or quarter hours?

____ Semester hours; ____ Quarter hours; ____ Other, please specify:

_____

**49a.** What are the specific credit hour/training hours/training experience requirements of this instructional program?

____ Required credit/training hours of gerontology courses

____ Elective credit/training hours of gerontology courses

____ Credit/training hours of non-gerontology courses

**49b.** What are the practicum, internship, or field experience requirements of this instructional program?

_____ Total number of clock hours

_____ Total credit hours

**50a.** Are there any other requirements in addition to course and field work (e.g., thesis, dissertation, project, etc.)? Please describe.

_____

_____

**51a.** Is this instructional program in gerontology/geriatrics primarily orientated toward preparing persons for employment in the general field of aging or is there some other purpose, for instance liberal education or training for research?

____ Yes, it is occupationally oriented

____ No, it is not occupationally oriented

**52a.** What courses are required in this instructional program? Indicate the number of credits for each course that is required.

| Content area | Number of credits |
|---|---|
| Introduction to Social Gerontology | _____ |
| Biology/Physiology of Aging | _____ |
| Health and Diseases of Aging | _____ |
| Health Care and Services | _____ |
| Nutrition and Aging | _____ |
| Psychology of Aging | _____ |
| Mental Health and Illness | _____ |
| Counseling Older People | _____ |
| Sociology of Aging | _____ |
| Marital and Family Relationships | _____ |

| | |
|---|---|
| Retirement Planning | _____ |
| Ethnicity and Aging | _____ |
| Environment and Aging | _____ |
| Humanistic Aspects of Aging | _____ |
| Death and Dying | _____ |
| Economics of Aging | _____ |
| Public Policy for Aged | _____ |
| Administration of Programs | _____ |
| Program Planning and Evaluation | _____ |
| Community Programs for the Aging | _____ |
| Research methods | _____ |
| Statistics | _____ |
| Other _____ | _____ |
| Other _____ | _____ |
| Other _____ | _____ |

If you offer another program of instruction in Gerontology or Geriatrics, go to next page.

## Program of Instruction - B

34b. What is the name of this organized program of instruction, at what level, and in connection with what discipline/profession is it offered? (e.g. certificate in aging, AA level, in human services; major in gerontology, BS level, by the gerontology department; concentration in adulthood and aging, Ph.D. level, through psychology department).

| Program | Level | Discipline/Profession |
|---|---|---|
| _____ | _____ | _____ |

35b. Is a credential (degree, certificate, etc.) awarded at the completion of the program of study?

____ Yes
____ No

36b. If a credential is awarded, what is it called?

_____

37b. If a credential is awarded, is it noted on the student's/trainee's transcript?

____ Yes
____ No

38b Approximately, how many students/trainees have completed this instructional program?

____ Total number of students/trainees who have completed this program

____ Graduates in 1984-85
____ Graduates in 1983-84
____ Graduates in 1982-83
____ Graduates in 1981-82
____ Graduates in 1980-81

39b. Approximately how many unduplicated students/trainees are enrolled in this instructional program during the 1985-86 academic year?

____ Full time students/trainees

____ Part time students/trainees

____ Audit students/trainees

40b How many unduplicated students/trainees would you anticipate will be enrolled in this instruction program in two years (1987-88)?

____ Full time students/trainees

____ Part time students/trainees

____ Audit students/trainees

41b. What year was this instructional program first implemented? 19____

42b. Is this instructional program free standing (able to be completed apart from a larger degree or recognized training program); is it taken in conjunction with a degree (such as a concentration within a Master of Science degree); or can it be taken either way?

____ Free standing
____ Attached to a larger degree or training program
____ Either way

43b. If it is attached to another degree(s), or training program, what degree or program is it?

_____

44b. If it is attached to another degree(s), or training program, what department(s) or academic unit(s) offer this program?

_____

45b. What are the special prerequisites (if any) for students/trainees entering this gerontology instructional program? (Check all that apply.)

____ None
____ A previous degree in gerontology/geriatrics
____ Previous course work or training in gerontology/geriatrics;
How much? ____ _____ ____
____ Employment experience in the field of aging
____ Any employment experience
____ Previous basic professional/academic education
____ Other; please specify _____

_____

_____

46b. What are the total credit/training hour requirements of this instructional program?

_____

47b. Are these credits in semester hours or quarter hours?

___ Semester hours; ___ Quarter hours; ___ Other, please specify:

_____

48b. What are the specific credit hour/training hours/training experience requirements of this instructional program?

____ Required credit/training hours of gerontology courses

____ Elective credit/training hours of gerontology courses

____ Credit/training hours of non-gerontology courses

48b. What are the practicum, internship, or field experience requirements of this instructional program?

_____ Total number of clock hours

_____ Total credit hours

50b. Are there any other requirements in addition to course and field work (e.g., thesis, dissertation, project, etc.)? Please describe.

_____

_____

51b. Is this instructional program in gerontology/geriatrics primarily orientated toward preparing persons for employment in the general field of aging or is there some other purpose, for instance liberal education or training for research?

_____ Yes, it is occupationally oriented

_____ No, it is not occupationally oriented

52b. What courses are required in this instructional program? Indicate the number of credits for each course that is required.

| Content area | Number of credits |
|---|---|
| Introduction to Social Gerontology | _____ |
| Biology/Physiology of Aging | _____ |
| Health and Diseases of Aging | _____ |
| Health Care and Services | _____ |
| Nutrition and Aging | _____ |
| Psychology of Aging | _____ |
| Mental Health and Illness | _____ |
| Counseling Older People | _____ |
| Sociology of Aging | _____ |
| Marital and Family Relationships | _____ |
| Retirement Planning | _____ |
| Ethnicity and Aging | _____ |
| Environment and Aging | _____ |
| Humanistic Aspects of Aging | _____ |
| Death and Dying | _____ |

| | |
|---|---|
| Economics of Aging | _____ |
| Public Policy for Aged | _____ |
| Administration of Programs | _____ |
| Program Planning and Evaluation | _____ |
| Community Programs for the Aging | _____ |
| Research methods | _____ |
| Statistics | _____ |
| Other _____ | _____ |
| Other _____ | _____ |
| Other _____ | _____ |

If you offer another program of instruction in Gerontology or Geriatrics, go to next page.

## Program of Instruction - C

**34c.** What is the name of this organized program of instruction, at what level, and in connection with what discipline/profession is it offered? (e.g. certificate in aging, AA level, in human services; major in gerontology, BS level, by the gerontology department; concentration in adulthood and aging, Ph.D. level, through psychology department).

| Program | Level | Discipline/Profession |
|---|---|---|
| _____ | _____ | _____ |

**35c.** Is a credential (degree, certificate, etc.) awarded at the completion of the program of study?

_____ Yes
_____ No

**36c.** If a credential is awarded, what is it called?

_____

**37c.** If a credential is awarded, is it noted on the student's/trainee's transcript?

_____ Yes
_____ No

**38c.** Approximately, how many students/trainees have completed this instructional program?

_____ Total number of students/trainees who have completed this program

_____ Graduates in 1984-85
_____ Graduates in 1983-84
_____ Graduates in 1982-83
_____ Graduates in 1981-82
_____ Graduates in 1980-81

**39c.** Approximately how many unduplicated students/trainees are enrolled in this instructional program during the 1985-86 academic year?

_____ Full time students/trainees

_____ Part time students/trainees

_____ Audit students/trainees

**40c.** How many unduplicated students/trainees would you anticipate will be enrolled in this instruction program in two years (1987-88)?

_____ Full time students/trainees

_____ Part time students/trainees

_____ Audit students/trainees

41c. What year was this instructional program first implemented? 19____

42c. Is this instructional program free standing (able to be completed apart from a larger degree or recognized training program); is it taken in conjunction with a degree (such as a concentration within a Master of Science degree); or can it be taken either way?

____ Free standing
____ Attached to a larger degree or training program
____ Either way

43c. If it is attached to another degree(s), or training program, what degree or program is it?

_____

44c. If it is attached to another degree(s), or training program, what department(s) or academic unit(s) offer this program?

_____

45c. What are the special prerequisites (if any) for students/trainees entering this gerontology instructional program? (Check all that apply.)

____ None
____ A previous degree in gerontology/geriatrics
____ Previous course work or training in gerontology/geriatrics;
How much? _____
____ Employment experience in the field of aging
____ Any employment experience
____ Previous basic professional/academic education
____ Other; please specify _____

_____

_____

46c. What are the total credit/training hour requirements of this instructional program?

_____

47c. Are these credits in semester hours or quarter hours?

____ Semester hours; ____ Quarter hours; ____ Other, please specify:

_____

48c. What are the specific credit hour/training hours/training experience requirements of this instructional program?

____ Required credit/training hours of gerontology courses

____ Elective credit/training hours of gerontology courses

____ Credit/training hours of non-gerontology courses

**49c.** What are the practicum, internship, or field experience requirements of this instructional program?

_____ Total number of clock hours

_____ Total credit hours

**50c.** Are there any other requirements in addition to course and field work (e.g., thesis, dissertation, project, etc.)? Please describe.

_____

_____

**51c.** Is this instructional program in gerontology/geriatrics primarily orientated toward preparing persons for employment in the general field of aging or is there some other purpose, for instance liberal education or training for research?

____ Yes, it is occupationally oriented

____ No, it is not occupationally oriented

**52c.** What courses are required in this instructional program? Indicate the number of credits for each course that is required.

| Content area | Number of credits |
|---|---|
| Introduction to Social Gerontology | _____ |
| Biology/Physiology of Aging | _____ |
| Health and Diseases of Aging | _____ |
| Health Care and Services | _____ |
| Nutrition and Aging | _____ |
| Psychology of Aging | _____ |
| Mental Health and Illness | _____ |
| Counseling Older People | _____ |
| Sociology of Aging | _____ |
| Marital and Family Relationships | _____ |
| Retirement Planning | _____ |
| Ethnicity and Aging | _____ |
| Environment and Aging | _____ |
| Humanistic Aspects of Aging | _____ |
| Death and Dying | _____ |

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| | |
|---|---|
| Economics of Aging | _____ |
| Public Policy for Aged | _____ |
| Administration of Programs | _____ |
| Program Planning and Evaluation | _____ |
| Community Programs for the Aging | _____ |
| Research methods | _____ |
| Statistics | _____ |
| Other _____ | _____ |
| Other _____ | _____ |
| Other _____ | _____ |

If you offer other programs of instruction in Gerontology or Geriatrics, please photocopy extra sets of these pages and provide the same information on any additional programs of instruction.

Thank you very much for your help in this study.

Please return the completed questionnaire to:

Dr. David A. Peterson
Chair, AGHE Standards Committee
Andrus Gerontology Center
University of Southern California
University Park, MC-0191
Los Angeles, CA 90089

# ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION

## GERONTOLOGY/GERIATRICS INSTRUCTION: FACULTY QUESTIONNAIRE

**INSTRUCTIONS: PLEASE COMPLETE ALL ITEMS THAT APPLY.**
**ALL INFORMATION WILL REMAIN CONFIDENTIAL**

1. Your Name _____

2. Your Institution _____

3. Your Campus *(FOR MULTI-CAMPUS SCHOOLS)* _____

4. Is this a *(CHECK ONE)*: ___ Community/junior College;

   ___ College; ___ University; ___ Medical Center or School;

   ___ Other *(PLEASE NAME)* _____

5. What calendar system does your school use? ___ Semester;
   ___ Quarter; ___ Other *(PLEASE SPECIFY)* _____

6. Name of gerontology/geriatrics program in which you teach *(The name is important even if your affiliation is only part-time!)*

   _____

7. How many years *(over!)* have you been teaching courses with gerontology/geriatrics as the principal content? _____

8. Geriatrics/gerontology courses taught by you either during the 1984-1985 or 1985-1986 academic years *(PLEASE LIST course titles and originating department if that will clarify course content)*.

   A. _____

   B. _____

   C. _____

   D. _____

   E. _____

   F. _____

*** OVER ***

9. What is *(are)* your "specialty field*(s)*" in geriatrics/gerontology? If more than one, please list them IN ORDER OF IMPORTANCE TO YOU *(E.G., geropsychology, geriatric medicine, gerontological social work, educational gerontology, etc.)*

A. _____

C. _____

B. _____

D. _____

10. What is your teaching load during the present academic year? *(PLEASE SELECT the option(s) most closely related to your teaching duties for undergraduate AND graduate levels!)*

## CLASS-ROOM INSTRUCTION

A. Number of courses *(both gerontology and other fields)* in which you are considered the PRINCIPAL INSTRUCTOR:

_____ UNDERGRADUATE _____ GRADUATE

B. Number of courses *(both gerontology and other fields)* in which you have been/will be a GUEST LECTURER/SPEAKER:

_____ UNDERGRADUATE _____ GRADUATE

C. Number of gerontology/geriatrics (only) courses in which you are considered the PRINCIPAL INSTRUCTOR:

_____ UNDERGRADUATE _____ GRADUATE

D. Number of geriatrics/gerontology (only) courses in which you have been/will be a GUEST LECTURER/SPEAKER:

_____ UNDERGRADUATE _____ GRADUATE

## CLINICAL INSTRUCTION

E. _____% percent of FULL-TIME spent during academic year engaged in clinical instruction *(BOTH gerontology/geriatrics AND other fields)*.

F. _____% percent of FULL-TIME spent during academic year engaged in gerontology/geriatrics clinical instruction.

*** MORE ***

11. Are you considered: (CHECK ONE) ___ FULL-TIME faculty
OR _____ PART-TIME faculty?

12. Please list FOUR current geriatrics/gerontology-related professional association memberships.

A. _____

C. _____

B. _____

D. _____

13. Please indicate the number of manuscripts you have published TO DATE *(including those "in press")*

| | Geriatrics/ Gerontology SPECIFIC | OTHER THAN Gerontology/Geriatrics |
|---|---|---|
| Journal articles ------ | _____ | _____ |
| Book chapters -------- | _____ | _____ |
| Books ---------- | _____ | _____ |
| Monograph/proceedings - | _____ | _____ |
| Others ---------- | _____ | _____ |

14. Please indicate your highest earned degree, the year earned, and the discipline/professional field.

Degree _____; Year Earned _____;

Discipline/Profession _____

15. Did your academic preparation *(Pre- AND/OR Post-degree)* include formal instruction in gerontology/geriatrics? ___ YES ___ NO

16. What is your current academic rank?

_____ Professor

_____ Associate Professor

_____ Assistant Professor

_____ Instructor

_____ Other *(PLEASE SPECIFY)* _____

*** OVER ***

17. What is your current appointment status?

____ Tenured

____ Untenured - Tenure Eligible

____ Untenured - Annual *(OR OTHER)* appointment Not Tenure Eligible

____ Other *(PLEASE SPECIFY)* _____

18. In what department *(academic unit)* do you have your primary appointment *(or teaching duties)*?

_____

19. Have you been a participant *(NOT INSTRUCTOR)* in ANY faculty development or continuing education courses/workshops in ANY field or discipline in the last 5 years?*(PLEASE EXCLUDE those held during professional meetings - DO INCLUDE those of a pre- or post-conference nature)*

____ YES ____ NO ; IF YES, HOW MANY? _____

20. Have you been a participant *(NOT INSTRUCTOR)* in gerontology/ geriatrics faculty development or continuing education courses/ workshops in the last 5 years? *(again excluding AS ABOVE)*?

____ YES ____ NO; IF YES, HOW MANY? _____

21. What types of learning experiences have you had that qualify you to be an instructor of gerontology/geriatrics? *(PLEASE LIST UP TO 6 DIFFERENT TYPES OF EXPERIENCES: e.g., self-study; workshops; credit course work; a gerontology/geriatrics degree; professional certificate; work experiences; personal interest; etc.)*

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

*** MORE ****

22. What types of educational experiences would you select if you were to pursue further preparation for teaching geriatrics/gerontology? *(PLEASE LIST UP TO 4 TYPES OF EXPERIENCES)*

A. _____

B. _____

C. _____

D. _____

23. How many years have you been employed *(but not as a student)* at your present institution? _____

24. How many years have you been teaching *(any of your specialty areas)* in colleges and/or universities? _____

25. If teaching is <u>not</u> your full-time occupational role, what is?

_____

26. What employment experiences have you had related to working with or on behalf of older people?

_____

27. What year were you born? _____

28. Are you ____ Female or ____ Male

PLEASE ANSWER THE FOLLOWING QUESTIONS USING A SCALE OF: "1" = STRONGLY DISAGREE; "2" = DISAGREE; "3" IS AGREE; "4" IS STRONGLY AGREE.

(PLEASE CIRCLE YOUR RESPONSE)

29. 1 2 3 4 Being a quality teacher and conducting quality research are interdependent faculty responsibilities.

30. 1 2 3 4 The literature for my gerontology/geriatrics specialty should be theory based.

31. 1 2 3 4 Former practitioners make the best geriatrics/gerontology professors.

32. 1 2 3 4 Scholars with specialized graduate academic preparation in geriatrics/gerontology make the best professors of geriatrics/gerontology.

*** OVER ***

| | SD | D | A | SA | |
|---|---|---|---|---|---|
| 33. | 1 | 2 | 3 | 4 | An increased research emphasis by faculty and students would strengthen existing graduate programs in gerontology/geriatrics. |
| 34. | 1 | 2 | 3 | 4 | The AGHE should place most of its programming emphasis on improvement of instruction in geriatrics/gerontology. |
| 35. | 1 | 2 | 3 | 4 | I would likely leave teaching if a more financially rewarding career opportunity became available. |
| 36. | 1 | 2 | 3 | 4 | I am generally quite satisfied with my present academic appointment. |
| 37. | 1 | 2 | 3 | 4 | If given the time and resources, I would engage in more research related projects. |
| 38. | 1 | 2 | 3 | 4 | I would rather be identified as a great teacher rather than as a great researcher. |

39. Please select from the options listed below your current <u>teaching</u> salary range *(EXCLUDING other sources of income such as consulting, private practice, etc.)*

___ $1,000 to $10,000 ___ $10,001 to $15,000

___ $15,001 to 20,000 ___ $20,001 to $25,000

___ $25,001 to $30,000 ___ $30,001 to $35,000

___ $35,001 to $40,000 ___ $40,001 to $45,000

___ $45,001 OR HIGHER

40. Does your campus have a computer laboratory for student use?

____ YES ____ NO

<u>IF YES</u> What kind(s) of computers are used in that lab?

_____

_____

_____

*** MORE ***

41. Please list the five (5) GRADUATE PROGRAMS in gerontology/geriatrics that IN YOUR OPINION represent the best in the nation! Please list your choices by rank order with #1 being the "TOP" graduate studies program.

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

42. Please list the five (5) UNDERGRADUATE PROGRAMS in gerontology/geriatrics that IN YOUR OPINION represent the best in the nation! Please list your choices by rank order with #1 being the "TOP" undergraduate studies program.

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

THANK YOU very much for completing this questionnaire! The results will be tabulated maintaining your anonymity. If you have any additional comments you would like to make, please feel free to attach them to this questionnaire.

PLEASE RETURN IN THE ENVELOPE PROVIDED!

OR

OR MAIL TO:

Dr. Christopher Bolton
Center for Gerontology
122 Esslinger Hall
University of Oregon
Eugene, OR 97403